

Case Number:	CM14-0147553		
Date Assigned:	09/15/2014	Date of Injury:	09/08/1968
Decision Date:	10/15/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/10/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 69 year old male who was injured on 09/08/1968. The mechanism of injury is unknown. Prior treatment history has included physical therapy. The patient underwent total knee arthroplasty on 02/19/2014. Prior medication history included Celebrex. Ortho note report dated 09/09/2014 states the patient presented with complaints of pain in his left knee and upper thigh. Objective findings on exam revealed the patient has loss of motion. He can flex to 90 degrees. The patient is diagnosed with pain in joint bilaterally, degenerative joint disease bilaterally. He was recommended for physical therapy. Prior utilization review dated 08/14/2014 by [REDACTED] states the request for Outpatient manipulation under anesthesia with adductor canal block to the left knee is denied as medical necessity has not been established; 12 post op physical therapy sessions to the left knee is denied as medical necessity has not been established. Patient had left total knee arthroplasty 2/19/14, manipulation under anesthesia under 4/11/14 followed by 21 physical therapy (PT). Patient is certified for 38 PT post manipulation.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Outpatient manipulation under anesthesia with adductor canal block to the left knee:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Manipulation under anesthesia (MUA)

Decision rationale: Guidelines recommend manipulation under anesthesia (MUA) as an option for treatment of arthrofibrosis and/or after total knee arthroplasty. Only a single session is recommended after failing conservative treatment, not serial treatment. Since patient already had one session before, repeat manipulation is not medically necessary.

12 post op physical therapy sessions to the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25.

Decision rationale: The medical necessity of MUA is not established, and patient still has additional authorized physical therapy (PT) sessions pending. Therefore, the medical necessity of additional post-op PT is not established.