

Case Number:	CM13-0069387		
Date Assigned:	01/03/2014	Date of Injury:	10/08/2008
Decision Date:	03/30/2015	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/20/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 54 year old male who was injured on 10/08/2008. Mechanism of injury is unknown. PR-2 dated 08/08/2013 documented the patient to have complaints of left knee pain. He has been wearing a brace and using his topical cream since his last visit. Both give him some relief. Objective findings on exam included that the left knee had less effusion today. The knee continues to have boggy swelling in the area of his fat pad. He has continued diffuse joint line tenderness. PR-2 dated 08/23/2013 documented the patient with complaints of right knee pain. PR-2 dated 09/03/2013 documented the patient in for follow up of his left knee pain. Objective findings on exam included the left knee has trace effusion today. His joint line tenderness is unchanged. ROM is from 0 to 115 degrees. Orthopedic hand surgery progress report dated 09/24/2013 documented the patient in for follow up and having difficulty with extension of the elbow due to pain. PR-2 dated 09/26/2013 documented the patient with complaints of left knee pain. He continues to wear his brace and use his topical cream. Continued physical therapy on his knee but still has moderate pain. Objective findings on exam include a limp that is unchanged. The knee has a small effusion today. ROM is from 0 to 110 degrees. Assessment: The patient is not regaining ROM in physical therapy. PR-2 dated 09/27/2013 documented the patient with complaints of pain in the right knee. Comprehensive pain medicine visit from Eduardo Lin, MD dated 10/02/2013 documented the patient with complaints of pain involving low back and right thumb. PR-2 dated 10/15/2013 documented the patient in for follow up of his left knee. He continued to wear his brace and use his topical cream. Still has moderate pain. Objective findings on exam included he walks with a limp, unchanged. He continues to have a

cane. The left knee has no effusion today. There is moderate joint line tenderness. He is also tender at the pes anserinus. ROM is from 0 to 110 degrees. Assessment and Plan: The patient has plateaued in physical therapy. Request an arthroscopic knee debridement with MUA. PR-2 dated 10/17/2013 documented the patient with complaints of right knee pain. 12 sessions of PT approved. Comprehensive pain management visit dated 10/21/2013 documented the patient with complaints of pain and discomfort involving multiple body parts. His knee locks up. Objective findings on exam included the patient has swelling and bruising of bilateral knees. There is decreased strength in the legs. PR-2 dated 11/26/2013 documented the patient in for follow up of his left knee pain. He continues to have moderate pain, swelling and stiffness, unchanged since his last exam. His topical cream provides temporary relief of his symptoms. He continues to wear his brace which gives him good support. Objective findings on exam include the patient walks with a cane. The left knee has trace effusion. ROM is from 0 to 110 degrees, unchanged. Assessment and Plan: The patient is essentially unchanged. He will continue to use his brace and topical cream. Pain management visit dated 12/02/2013 documents swelling and bruising of bilateral knees. According to the patient, [REDACTED] did manipulation under anesthesia for the knee injury. There is decreased strength in the legs. The treating provider has requested arthroscopy with manipulation under anesthesia for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arthroscopy with manipulation under anesthesia, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG Knee & Leg (web updated 6/7/13) Manipulation under anesthesia

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute and Chronic), Manipulation under anesthesia (MUA).

Decision rationale: As per CA MTUS guidelines, arthroscopic meniscectomy or repair for severe mechanical symptoms and signs or serious activity limitations if MRI findings are consistent for meniscal tear. Regarding the MUA, ODG "recommends as an option for treatment of arthrofibrosis (an inflammatory condition that causes decreased motion) and/or after total knee arthroplasty. MUA of the knee should be attempted only after a trial (six weeks or more) of conservative treatment (exercise, physical therapy and joint injections) have failed to restore range of motion and relieve pain, and a single treatment session would then be recommended, not serial treatment sessions of the same bone/joint subsequently over a period of time. Following total knee arthroplasty, some patients who fail to achieve >90 degrees of flexion in the early perioperative period, or after six weeks, may be considered candidates for manipulation of the knee under anesthesia." In this case, a report dated 10/15/2013 indicates this patient is having left knee moderate pain with difficulty walking and using a cane for ambulation, ROM was 0-110, and documented that the patient has plateaued in physical therapy. However, there is no MRI study available for review to support the surgical requirement. Also, this patient has left

knee ROM of 0-110 which does not support the requirement for MUA. Medical necessity for the requested service has not been established. The requested service is not medically necessary.