

Case Number:	CM14-0216729		
Date Assigned:	01/06/2015	Date of Injury:	01/16/2003
Decision Date:	03/06/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports 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 51-year-old male who reported an injury on 01/16/2003. The mechanism of injury was not provided. The documentation of 12/03/2014 revealed the injured worker had multiple surgeries prior to the total knee arthroplasty in 2012. The injured worker had a total knee arthroplasty in 2013 on the right knee. The injured worker was noted to have problems with his knees bilaterally, although the left was significantly more bothersome than the right. The injured worker had difficulty regaining motion and underwent a manipulation under anesthesia. The injured worker failed to regain motion and had continued stiffness and soreness. The injured worker could not flex past approximately 80 degrees. The right knee had similar dysfunction with range of motion, but less pain. The injured worker complained of significant swelling in the right knee, which was bothersome. The physical examination revealed the right knee was inspected and demonstrated full extension. The valgus of the stress test and extension was stable. The injured worker had a posterior stabilized implant at 90 degrees with proximal 1 cm of anterior posterior translation. The injured worker had a posterior fusion of his right knee, but no evidence of infection. Erythema, skin changes, and rubor were absent. The injured worker had full extension and stability on the left in extension and valgus stress testing. The pain was mild. The most significant finding was mechanical obstruction at 80 degrees. The diagnosis included arthrofibrosis of total knee arthroplasty. The treatment plan included an arthroscopic debridement and lysis of adhesions versus open poly exchange lysis of adhesions and manipulation under anesthesia. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee scope, debridement & lysis of adhesions and manipulation under anesthesia:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Journal of the American Academy of Orthopedic Surgeons, The Failed Total Knee Arthroplasty: Evaluation and Etiology

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Manipulation under anesthesia (MUA).

Decision rationale: The American College of Occupational and Environmental Medicine guidelines indicate a surgical consultation may be appropriate for an injured worker who has activity limitations of more than one month and a failure to progress in range of motion and increase strength of the musculature around the knee. They do not address a manipulation under anesthesia. The Official Disability Guidelines indicate that manipulation under anesthesia is recommended for the treatment of arthrofibrosis or after a total knee arthroplasty. Additionally, a single treatment session would be recommended. The clinical documentation submitted for review indicated the patient previously had an arthroplasty and a manipulation under anesthesia. There was a lack of documentation of a failure of recent conservative care and there was a lack of documentation indicating this manipulation under anesthesia would be curative, as the patient had failure with a prior manipulation under anesthesia. Given the above, the request for left knee scope, debridement & lysis of adhesions and manipulation under anesthesia is not medically necessary.