

<b>Case Number:</b>	CM15-0120115		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	04/22/2012
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 injured worker is a 49 year old male who sustained an industrial injury on 04/22/2012. Mechanism of injury occurred as multiple injuries in 2012. Diagnoses include right and left internal derangement of medial meniscus, status post-surgery, bilateral knee tricompartmental osteoarthritis status post bilateral total knee arthroplasty on 05/21/2014, mechanical stiffness of the bilateral knees, status post manipulation under anesthesia on 08/22/2014, and recurrent arthrofibrosis of the bilateral knees right greater than left with persistence of adhesions in the right knee. The injured worker has had past industrial injuries in 1989. Treatment to date has included diagnostic studies, bilateral knee replacements on 05/21/2014, status post right knee arthroscopic lysis of adhesion with manipulation on 11/21/2014, medications, physical therapy. An unofficial report of a computed tomography of the right knee done on 05/08/2015 showed the injured worker to be status post total knee replacement without evidence of loosening, osteolysis, uneven wear, particle disease or other acute osseous or soft tissue pathology. His medications include NSAIDs, Gabapentin, Hydrocodone and Omeprazole. A physician progress note dated 06/01/2015 documents the injured worker continues to do his exercises and the left knee has improved slightly, and his right knee stays the same. Right knee flexion is 95 degrees, with moderate effusion and lacking 5 degrees of full extension. The left knee has approximately 105 degrees of flexion with full extension. The physician feels that by doing the repeat arthroscopic lysis, with continued physical therapy that it has been successful in improving upon the capacity to flex. Treatment requested is for pre-operative clearance, post-operative physical therapy, 2 times a week for 8 weeks, and right knee arthroscopic lysis of adhesions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right knee arthroscopic lysis of adhesions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** CA MTUS/ACOEM Guidelines are silent on the issue of manipulation under anesthesia. Per the ODG Knee and Leg, Manipulation under anesthesia, "Recommended 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." ODG states that in the multiply operated knee that arthroscopic or open debridement can be considered to achieve a higher success rate. In this case, the claimant has greater than 90 degrees of flexion. Based on this, the guidelines are not met. Therefore, this request is not medically necessary.

**Pre-operative clearance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Post-operative physical therapy, 2 times a week for 8 weeks:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.