

Case Number:	CM15-0171344		
Date Assigned:	09/11/2015	Date of Injury:	04/15/2003
Decision Date:	10/09/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/31/2015

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
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male, who sustained an industrial injury on 4-15-03. The injured worker has complaints of right knee pain with a feeling of fullness and tightness. The documentation noted on 8-4-15 the injured worker had good range of motion and the pain was isolated to the anterolateral corner for the most part when he goes into full extension. The documentation noted that the injured worker continues to walk at least 60 minutes daily at the gym to help improve his strength and endurance and that his left knee pain awakens him at night and disrupts his sleeping pattern. Right knee examination revealed range of motion is 0 to 130 degrees, no excessive varus or valgus instability and he still has some right thigh atrophy. There is noticeable swelling with thickness at the anterolateral aspect of the knee and with palpation, he has pain. With full extension of the knee is where he has pain likely impinging upon the thickened synovial tissues. Computerized tomography (CT) scan of the right knee with 3-D reconstruction on 1-8-15 showed no evidence of loosening of the femoral tibial components. The diagnoses have included right knee arthritis, status post knee arthropathy and right thigh atrophy. Treatment to date has included total knee arthroscopy on 4-8-14. The original utilization review (8-14-15) non-certified the request for one right knee manipulation under anesthesia and twelve (12) sessions of post-operative physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One right knee manipulation under anesthesia: Upheld

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

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Manipulation under anesthesia (MUA), page 324.

Decision rationale: Per evidence-based guidelines, manipulation under anesthesia may be recommended as an option in the treatment of arthrofibrosis following total knee arthroplasty; however, remains under study. Consideration criteria include failure forms of conservative approach in exercise, physical therapy, and joint injections along with inability to attain beyond 90 degrees of flexion in the early perioperative period of six weeks. Submitted reports have not demonstrated the indication, ADL limitations, significant clinical findings with range of 0-130 degrees, diagnostic confirmation (CT scan without loosening), or failed conservative trial to support the request for the MUA. The One right knee manipulation under anesthesia is not medically necessary and appropriate.

Twelve (12) sessions of post-operative physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The Chronic Pain Guidelines, post-operative therapy allow for 20 visits over 4 weeks for manipulation under anesthesia over a postsurgical physical medicine treatment period of 6 months. The initial course of physical therapy following a surgery includes half the number of visits specified for the general course of that procedure. With evidence of functional improvement following the initial therapy, trial may indicate further consideration for additional sessions. Functional improvement is defines as either clinical status in ADLs, reduction in work restrictions, and decreased medical utilization of treatment. Submitted reports have adequately demonstrated the indication to support for the post-op physical therapy as the MUA is not medically necessary and appropriate. The Twelve (12) sessions of post-operative physical therapy is not medically necessary and appropriate.