

Case Number:	CM15-0173774		
Date Assigned:	09/15/2015	Date of Injury:	01/08/2009
Decision Date:	11/06/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/03/2015

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 43-year-old male, with a reported date of injury of 01-08-2009. The diagnoses include left knee sprain and strain, degenerative osteoarthritis of the left knee, and chondromalacia of medial femoral condyle and patellofemoral compartment of the left knee. Treatments and evaluation to date have included Tramadol, Gabapentin, Hydrocodone-Acetaminophen, left knee surgery on 08-16-2011, topical pain cream, a knee brace, and TENS unit. The medical report dated 08-07-2015 indicates that the injured worker was seen in regards to his industrial left knee injury. The injured worker was permanent and stationary. He rated his pain 7 out of 10 (07-10-2015 to 08-07-2015). The physical examination (07-10-2015 to 08-07-2015) showed limited range of motion of the left knee, tenderness about the medial joint compartment, swelling with no obvious effusion, no laxity to varus or valgus stress testing, and a soft and non-tender calf compartment. The assessment was indicated as left knee pain secondary to adhesion. There was no documentation of diagnostic studies to date regarding the left knee. The treatment plan included a left knee arthroscopy with lysis of adhesions. The injured worker would remain off work until the next visit. The treating physician requested a left knee arthroscopy and lysis of adhesions; an assistant surgeon; twelve post-operative physical therapy sessions; post-operative medical clearance: lab work; post-operative medical clearance: EKG; post-operative Norco 5-325mg #50; and post-operative Keflex 500mg #12. On 08-26-2015, Utilization Review (UR) non-certified the request for a left knee arthroscopy and lysis of adhesions; an assistant surgeon; twelve post-operative physical therapy sessions; post-operative medical clearance: lab work; post-operative medical clearance: EKG; post-operative Norco 5- 325mg #50; and post-operative Keflex 500mg #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee arthroscopy, lysis of adhesions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pmc/articles/PMC3867613/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fitzsimmons, Sean E., Edward A. Vazquez, and Michael J. Bronson. "How to treat the stiff total knee arthroplasty: a systematic review." *Clinical Orthopaedics and Related Research* 468.4 (2010): 1096-1106.

Decision rationale: CA MTUS/ACOEM and ODG are silent on knee lysis of adhesions. There is ample literature on lysis of adhesions and manipulation under anesthesia for stiff total knee arthroplasty. This is applied in this analysis. Studies cited below illustrate MUA is equivalent without lysis of adhesions. In this case, there is no quantified loss of motion, and to what extent it exists, the treatment effect could be obtained with a less invasive procedure. The request is not medically necessary.

Associated surgical service: Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

12 postoperative physical therapy sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative medical clearance: Labwork: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Preoperative medical clearance: EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Postoperative Norco 5/325g #50: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Postoperative Keflex 500mg #12: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.