

Case Number:	CM13-0011048		
Date Assigned:	03/10/2014	Date of Injury:	05/28/2010
Decision Date:	11/10/2015	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	08/13/2013

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: California, Oregon, Washington
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 65 year old female injured worker suffered an industrial injury on 5-28-2010. The diagnoses included right knee contracture, soft tissue based, and degenerative meniscal tear and chondromalacia patella. On 6-20-2013 the treating provider reported continued right knee pain. The provider reported the strongest requirement was for her to regain full range of motion. He reported there was no arthritic bony or entrapped tissue that he could see other than soft tissue contracture with respect to the posterior capsule. The provider noted she was a candidate for manipulation under anesthesia as she had maximized plenty of physical therapy (unknown number of sessions) and immediately thereafter he recommended 12 physical therapy sessions. On exam the right knee still lacked of extension at 15 degrees compared to the left knee. Flexion was 110 degrees compared to 150 degrees. There was tenderness noted and an impaired gait. Diagnostics included right knee magnetic resonance imaging. Request for Authorization date was 6-26-2013. The Utilization Review on 7-3-2013 determined non-certification for Manipulation under anesthesia for the right knee and Physical therapy once per week for 12 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability 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 and Leg, Manipulation under anesthesia.

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 there is insufficient evidence of failure of conservative management in the notes submitted from 6/20/13. In addition the claimant has greater than 90 degrees of flexion. Until a conservative course of management has been properly documented, the determination is for non-certification. Therefore, the request is not medically necessary.

Physical therapy once per week for 12 weeks for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Manipulation under anesthesia.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur. Additionally CA MTUS states that after manipulation under anesthesia of the knee the allowed PT visits are: "Manipulation under Anesthesia (knee) [DWC]: Postsurgical treatment: 20 visits over 4 months". The guidelines recommend initially of the 12 visits to be performed. As the request exceeds the initial allowable visits, the determination is for non-certification. Therefore, the request is not medically necessary.