

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 10/11/11

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Outpt Left Knee Manipulation Under Anesthesia

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas Board Certified Orthopedic Surgeon

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinic notes dated 01/13/2011 through 07/25/2011
2. MRI dated 09/20/2010
3. physical therapy note dated 04/19/2011
4. Reviews 07/18/2011 and 08/15/2011.
5. ***Official Disability Guidelines***

**PATIENT CLINICAL HISTORY (SUMMARY):**

This is a female with left knee complaints.

On 04/19/2011, she was seen for physical therapy evaluation. At that time, pain was rated at 9/10. Flexion was at 40 degrees and extension was at 0 degrees. Strength testing showed flexion strength to be 3-/5, knee extension 3-/5, hip flexion 3-/5, and hip extension 3/5.

On 07/01/2011, the patient was still having stiffness in her left knee.

She was status post left knee arthroscopy with partial lateral meniscectomy and lateral retinacular release on 04/06/2011. It was noted that she had been attending physical therapy, and this has helped. She still has quite limited movement. She does not have much pain, but she just cannot bend her knee. Medications at that time included Celebrex and Lortab. Range of motion was 0-90 degrees. On 07/25/2011, the patient was seen back in clinic. At that time, she was still having stiffness of her knee. Range of motion was 0-90 degrees at that time.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

Medical records demonstrate this patient being status post left knee arthroscopy. Medical records demonstrate the patient having some difficulty gaining range of motion following surgery. Medical records demonstrate the patient being in physical therapy. Medical records demonstrate the range of motion to be 0-90 degrees. The original determination on 07/18/2011 indicated that the medical records demonstrated minimal swelling and limited range of motion with flexion to 90 degrees coming to a firm stopping point. Conservative treatment included physical therapy. However, there is no documentation of a condition/diagnosis with subjective/objective findings for which manipulation under anesthesia of the knee is indicated such as arthrofibrosis and failure to achieve greater than 90 degrees of flexion in the early postoperative period or after six weeks period or after following a total knee replacement. Therefore, the medical necessity of the request has not been established. The subsequent review reconsideration determination indicated there was still no documentation or conditional diagnosis with subjective/objective findings for which manipulation under anesthesia of the knee is indicated. Furthermore, optimized pharmacotherapeutic utilization in conjunction with VAS scoring and rehabilitation score was not evident in the report. Therefore, the non-certification of the request was upheld. Medical records submitted for this review demonstrate the patient has 0-90 degrees of flexion. Medical records do not demonstrate VAS score. Medical records demonstrate the patient having been on Celebrex and a pain reliever, but do not demonstrate a condition for which manipulation of the knee is recommended. Therefore, the conditional initial denial and the reevaluation are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

**References:** Official Disability Guidelines Knee Chapter Manipulation under anesthesia (MUA)

Under study as a treatment of arthrofibrosis (an inflammatory condition that causes decreased motion) and/or after total knee arthroplasty. 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. (Namba, 2007) (Magit, 2007) (Keating, 2007) (Pariente, 2006) (Esler, 1999) This study advocates that MUA should be used for stiff knee arthroplasties after failed physical therapy. (Mohammed, 2009) This study concluded that MUA is a valuable technique to increase ROM after TKA (total knees) in patients with stiff knees, for revision-knees and all other patients with reduced flexion after different forms of intra-articular knee surgical procedures. The results were similar for early and delayed MUA relative to the last surgery, so patients can undergo conservative treatment (e.g. physical therapy) before the MUA without risk of poorer outcome. The results after MUA in patients with many previous operations were significantly worse, so an open/arthroscopic arthrolysis should be discussed earlier for this subgroup. (Ipach, 2011) According to this study, if all methods of PT treatment have been exhausted trying to develop ROM after TKA, manipulation under anaesthesia (MUA) may be considered. (Ipach2, 2011) Orthopedic surgeons, not chiropractors, should perform this. See also the Low Back Chapter, where MUA is not recommended in the absence of vertebral fracture or dislocation.