

Case Number:	CM13-0005558		
Date Assigned:	03/03/2014	Date of Injury:	05/12/2012
Decision Date:	04/07/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working least at 24 hours a week in active practice. The physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 55 year-old female who was injured on 5/12/12. She has been diagnosed with osteoarthritis of the lower extremity. According to the 8/5/13 medical report from [REDACTED], she presents with right knee pain and difficulty with full weight bearing. She underwent right total knee arthroplasty (TKA) (12/16/12) then 2 months later on 2/4/13 underwent manipulation under anesthesia (MUA) and debridement. The 2/4/13 operative report states that she already has a CPM unit. Her right knee range of motion (ROM) on 8/5/13 was 20-65 degrees. Her ROM on 10/16/13 was 15-75 degrees. On 7/29/13 [REDACTED] UR provided a retrospective denial for use of the CPM unit for 1/31/13 and 2/4/13

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE DME: CPM MACHINE, DOS: 2/4/13: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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

Decision rationale: The patient presents with right knee pain and loss of motion following right TKA on 12/16/12. Under review is a CPM unit for DOS 2/4/13. The ODG guidelines do not

recommend the CPM units for use over 21 days post-op. The patient underwent MUA and debridement on 2/4/13 due to significantly reduced motion from arthrofibrosis. The use of the CPM following the 2/4/13 procedure would be appropriate and is in accordance with ODG guidelines.

RETROSPECTIVE DME: CPM MACHINE, DOS: 1/31/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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

Decision rationale: The patient presents with right knee pain and loss of motion following right TKA on 12/16/12. Under review is a CPM unit for DOS 1/31/13. The ODG guidelines do not recommend the CPM units for use over 21 days post-op. The use of the CPM unit on 1/31/13 would be over 21 days and is not in accordance with MTUS guidelines.