

Case Number:	CM13-0023029		
Date Assigned:	06/06/2014	Date of Injury:	06/06/2011
Decision Date:	07/28/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/11/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas. 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/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:

The injured worker is a 51-year-old male who reported an injury on 06/06/2011, the mechanism of injury was not provided. On 05/12/2014, the injured worker presented with bilateral knee, right elbow, right shoulder, lower back, bilateral hips into groin, pelvis, abdomen, right calf, right Achilles, and neck and left shoulder pain which radiated to the left hand. He also stated he had anxiety, depression, stomach pain, and constipation. Upon examination, there was anterior pain and tenderness to the bilateral knees, limited range of motion with limping ambulation. The diagnoses were tear of medial cartilage meniscus and pain in joint involving lower leg. Treatment included aquatic therapy, passive motion unit, massage, medication, and theraflex cream. The provider recommended a rental for continuous passive motion (CPM) unit for an additional 2 weeks. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

RENTAL OF CONTINUOUS PASSIVE MOTION (CPM) UNIT FOR ADDITIONAL TWO WEEKS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee, Continuous Passive Motion Unit.

Decision rationale: The Official Disability Guidelines state that continuous passive motion unit is recommended for in-hospital use or for home use in injured workers at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular patients may be small. Routine home use of continuous passive motion unit has minimal benefit. Criteria for use of a continuous passive motion device for home use include up to 17 days after surgery while injured workers are at risk for stiff knee or unable to bear weight, under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision, a physical, mental, or behavioral inability to participate in active physical therapy. The included medication documentation lacked evidence of the prior use of continuous passive motion unit and the efficacy of that therapy. The injured worker had complaints of stiffness in the knee; however, there is no evidence of physical, mental, or behavioral inability to participate in active physical therapy, or active in home therapy. There is lack of evidence that the injured worker is at risk for stiff knee or is unable to bear weight. The provider's request does not state the site that the continuous passive motion therapy was indicated for. As such, the request is non-certified. The request for rental of continuous passive motion (CPM) unit for additional 2 weeks is not medically necessary.