

Case Number:	CM13-0026655		
Date Assigned:	11/22/2013	Date of Injury:	03/25/2010
Decision Date:	02/11/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/19/2013

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 & Rehabilitation, and is licensed to practice in California. 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 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:

The patient is a 52-year-old male who reported an injury on 03/25/2010. The patient is diagnosed with industrial injury to the right knee, status post right shoulder arthroscopy, status post right knee arthroscopy, and right synovitis of the knee. The patient was seen by [REDACTED] on 05/10/2013. The patient reported pain, restricted motion, and weakness. Physical examination was not provided. Treatment recommendations included deep venous thrombosis prophylaxis with sequential compression sleeves, postoperative physical therapy, continuous passive motion, and a cold therapy unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee CPM times 21 days rental from DOS:05/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms.

Official Disability Guidelines state continuous passive motion is recommended for in hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements. They are recommended for up to seventeen days after surgery for home use. As per the clinical notes submitted, the patient is status post right knee arthroscopy on 05/10/2013. There is no evidence of significant range of motion limitations or exceptional factors that would indicate the need for a CPM following surgical intervention on 05/10/2013. Furthermore, guidelines recommend up to seventeen days home use after surgery. The request for a twenty one day rental exceeds guideline recommendations. Based on the clinical information received, the request is non-certified.

soft goods for lower extremity CMP, DOS 05/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: Official Disability Guidelines (ODG).

Patient set-up / education / fitting fee, DOS 05/10/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.