

Case Number:	CM13-0028525		
Date Assigned:	11/27/2013	Date of Injury:	01/19/2011
Decision Date:	02/04/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/24/2013

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 Occupational Medicine, 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 60-year-old female with date of injury 01/19/2011. She slipped on a wet floor in the company break room striking her left knee and leg on an appliance. She then fell backward injuring her right shoulder. As the claim progressed she began to have increasing complaints of left knee pain and difficulty ambulating as a result. Her complaints eventually prompted an MRI of the left knee, April 12, 2011, which showed edema in the fat pad, most likely representing fat pad impingement with maltracking and irritation of the fat pad by loose bodies off the patellar surface, which had presumably been shed from the patellofemoral joint cartilage. She was diagnosed with left patellofemoral pain syndrome and underwent arthroscopic surgery on the left knee on 08/13/2013 to remove portions of meniscus and fibrocartilaginous tissue with reactive changes. Postoperative examination on August 27, 2013 by [REDACTED] for knee pain, swelling and complaints of intermittent numbness and tingling in the leg. She had attended two sessions of physical therapy at that time. Physical examination revealed a large effusion, 3/5 quad strength and 10° to 60° range of motion. In addition to her formal therapy and home program, a CPM machine is requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine for 1 month for the left knee: 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), Continuous passive motion (CPM)

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, Continuous Passive Motion

Decision rationale: The request is for a continuous passive motion machine (CPM) for a 30 day duration. The MTUS guidelines are silent on the use of CPM for the lower extremity. The Official Disability Guidelines state: For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. The Official Disability Guidelines recommend home use for only up to 17 days. In addition, a CPM is recommended to those who have an inability to participate in an active physical therapy program. The patient is currently undergoing physical therapy as an outpatient and participating in a home therapy program. CPM machine for one month for the left knee is not certified.