

Case Number:	CM13-0032014		
Date Assigned:	12/04/2013	Date of Injury:	04/22/2013
Decision Date:	02/13/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/27/2013

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 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 51-year-old male who reported an injury on 04/22/2013. The mechanism of injury was a fall. The patient was diagnosed with a medial meniscus tear, osteoarthritis of the knee, and knee pain. The clinical documentation dated 08/06/2013 indicates the patient participated in 6 physical therapy sessions without improvement. MRI was taken on 05/16/2013, which indicated osteoarthritis, medial and lateral meniscus tears, ACL strain, and joint effusion. The patient underwent a left knee arthroplasty with navigation. The patient's physical examination revealed exam of bilateral hips and right knee demonstrates full range of motion and normal strength without pain. The treatment plan for the patient included post-operative physical therapy, a continuous passive motion machine, and a wheeled walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter, Online Version.

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 Chapter, Continuous passive motion (CPM)

Decision rationale: The requested continuous passive motion (CPM) machine is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient is going to undergo total knee arthroplasty. The Official Disability Guidelines do recommend the use of a continuous passive range of motion machine after a total knee arthroplasty. However, the Official Disability Guidelines recommend home use for up to 17 days. The clinical documentation submitted for review provides evidence that the duration of time requested is 21 days. This exceeds Guideline recommendations. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested continuous passive motion (CPM) machine is not medically necessary or appropriate.

Walker with wheels: 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), Knee and Leg Chapter.

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 Chapter, Walking Aids.

Decision rationale: The requested Walker with wheels is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient underwent a total knee arthroplasty. However, the clinical documentation submitted for review does not provide any evidence that the patient's ambulation deficits cannot be sufficiently resolved with a lower level of equipment such as a cane or crutches. As such, the requested Walker with wheels is not medically necessary or appropriate.