

Case Number:	CM13-0040068		
Date Assigned:	12/20/2013	Date of Injury:	07/16/2012
Decision Date:	12/03/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/08/2013

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 Family Practice and is licensed to practice in Ohio. 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 52 year old male with a history of polio since age 3 and a fusion surgery of the right hindfoot at age 16. On 7-16-2012 he had an ankle inversion injury and despite physical therapy continued to have pain and swelling to the foot and ankle for over a year. An MRI scan of the foot and ankle revealed talotibial arthritis, scarring of the ankle ligaments, and talar bone spurring. The physical exam revealed atrophy of the right leg, dorsiflexion of the metatarsal phalangeal joints, and bimalleolar tenderness. On 9-20-2013 he underwent surgery for removal of scar tissue and talar bone spurring. Post-operatively, a continuous passive machine for range of motion purposes was utilized. A previous utilization review physician found evidence that the intent of the machine use was for a 30 day rental period. The diagnoses include post-polio right foot cavus deformity, right ankle fracture with residual talar spurring and scarring, and osteoarthritis of the right ankle.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (Continuous Passive Machine) for Ankle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna. Aetna Clinical Policy Bulletin: Continuous Passive Motion (CPM) Machines.

Decision rationale: The Official Disability Guidelines and Chronic Pain Medical Treatment Guidelines are silent regarding use of continuous passive motion machines with regard to the ankle. Published studies suggest that continuous passive motion (CPM) can improve range of motion (ROM) in those patients undergoing surgical release of arthrofibrosis of the knee or manipulation of the knee under anesthesia. In these settings, CPM provides for early post-operative motion and is considered a substitute for active physical therapy. Once the patient is participating in active PT, CPM is no longer medically necessary. These observations may be extended to other joints, such as the elbow where arthrofibrosis is a common complication of trauma. In this instance, the injured worker was known to have extensive scarring and therefore fibrosis of the lateral anterior talofibular and deep deltoid ligaments by MRI scan pre-operatively. This would likely minimize the effectiveness of other passive modalities for maintaining range of motion following his ankle surgery. Therefore, a continuous passive motion machine for rental use following ankle surgery is medically necessary.