

Case Number:	CM13-0046297		
Date Assigned:	12/27/2013	Date of Injury:	03/30/1997
Decision Date:	06/10/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 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 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 63 year old male who reported an injury on 03/30/1997 secondary to unknown mechanism of injury. The injured worker was evaluated on 10/21/2013 for post-operative evaluation. The exam noted the injured worker had left knee arthroscopy with clean, dry and intact dressing. There was no tenderness, erythema, drainage and Homman's sign noted. The diagnoses included left knee status post arthroscopy. The treatment plan included compression device, continuous passive motion device and continued medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: RENTAL OF PNEUMATIC INT. COMPRESSION: 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: 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.

Decision rationale: The request for DME - rental of pneumatic int. compression is non-certified. The Official Disability Guidelines (ODG) recommends the use of mechanical compression devices as part of a multimodal approach for patients at risk of venous thrombosis. There is no

indication in the documentation provided that the injured worker is at risk of venous thrombosis. There is also a lack of number of days for the rental. Therefore, the request is not medically necessary or appropriate.

DME: CPM (CONTINUOUS PASSIVE MOTION) UNIT WITH PADS: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Passive Motion Section.

Decision rationale: The request for DME - CPM with pads is non-certified. The Official Disability Guidelines (ODG) recommends the use of CPM's for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. The CPM may be recommended for home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. There is a lack of significant evidence in the documentation provided of the injured worker's risk of a stiff knee or immobility or unable to bear weight. There is also a lack of time frame for the requested device. Therefore, the request is not medically necessary or appropriate.