

Case Number:	CM13-0046533		
Date Assigned:	12/27/2013	Date of Injury:	02/14/2011
Decision Date:	03/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/31/2013

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain associated with an industrial injury sustained on February 14, 2011. Thus far, the applicant has been treated with analgesic medications, physical therapy, an ACL reconstruction surgery on October 1, 2013, and acupuncture. A clinical progress note dated September 23, 2013 notes that the applicant is pending knee surgery. The applicant apparently exhibits 110 degrees of knee flexion versus 145 degrees about the left knee. The applicant is 5 feet 7 inches tall and weighs 138 pounds. 5-/5 knee strength is noted. The applicant is asked to remain off of work, on total temporary disability, and obtain an internal medicine consultation. The applicant is pending knee surgery. A September 30, 2013 note states that the applicant is having ongoing issues with depression, anxiety, and insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

continuous passive motion (CPM) device: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM V.3, Knee, Specific Diagnoses, Pre- and Post-Operative Rehabilitation for the knee.

Decision rationale: The MTUS does not address the topic of continuous passive motion (CPM) devices. As noted in the Third Edition ACOEM Guidelines, CPM devices are not routinely recommended. While CPM devices can be recommended postoperatively in select, inactive applicants, in this case the applicant is described as 5 feet 7 inches tall and weighed 138 pounds just before the date of knee surgery, on September 23, 2013, negating obesity. The applicant did not have any described issues with immobility or inactivity. The applicant was possessed of 110 degrees of knee motion just prior to the surgery. It is not clear why the CPM device was sought here. No compelling rationale was attached to the request for authorization so as to try and offset the unfavorable ACOEM recommendation. Therefore, the request is not certified.