

Case Number:	CM13-0048074		
Date Assigned:	12/27/2013	Date of Injury:	08/01/1994
Decision Date:	08/11/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/04/2013

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 Orthopedic Surgery 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:

This is a 62-year-old female who sustained a vocational injury on 8/1/94 while working as a deli clerk. The medical records provided for review document that the claimant underwent a right total knee arthroplasty on 7/29/13. The records also indicated that the claimant was scheduled to undergo manipulation with evaluation under anesthesia in September 2013; however, it is not clear if that procedure took place. The current request is for purchase of a CPM machine for home use following the right total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM MACHINE FOR HOME USE FOR THE RIGHT KNEE (PURCHASE): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Non-MTUS: Official Disability Guidelines (ODG); Knee and Leg Chapter, Continuous Passive Motion, Continuous Passive Motion (CPM).

Decision rationale: This is a 62-year-old female who sustained a vocational injury on 8/1/94

while working as a deli clerk. The medical records provided for review document that the claimant underwent a right total knee arthroplasty on 7/29/13. The records also indicated that the claimant was scheduled to undergo manipulation with evaluation under anesthesia in September 2013; however, it is not clear if that procedure took place. The current request is for purchase of a CPM machine for home use following the right total knee arthroplasty.