

Case Number:	CM13-0049688		
Date Assigned:	12/27/2013	Date of Injury:	08/09/2011
Decision Date:	06/24/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/08/2013

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 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 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 patient was injured on 08/09/2011 by an object that struck her from behind while she walked to finish her route, and she was knocked forward to the ground. As a result she developed immediate pain in her low back and right knee. Prior treatment history has included physical therapy, HEP and ultrasound. The patient underwent right knee arthroscopy with partial lateral meniscectomy, synovectomy on 08/13/2013. Physical therapy progress note dated 10/09/2013 documented the patient has received 6 visits of physical therapy. She has been given therapeutic exercises, HEP, CP and ultrasound. Objective findings reveal the right knee remains sore with a pain level of 5-6/10 and swollen. AROM = 0-170°. Progress note date 11/04/2013 documented the patient with complaints of knee pain and increased low back pain. Objective findings on examination reveal there is tenderness over the medial lateral joint line. There is no swelling. Healed portal scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE ON KNEE ONLY, RETROSPECTIVE REVIEW FOR DATES OF SERVICE FROM 08/21/2013 TO 09/19/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS 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, Continuous Passive Motion

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute. According to ODG guidelines, home use of a continuous passive motion (CPM) exercise device may be indicated up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight following initial or revision total knee arthroscopy. This is a request for a CPM device for a patient who underwent arthroscopic partial lateral meniscectomy and synovectomy on 8/13/13 and is noted to have decreased flexion on a post-operative visit. CPM is normally not necessary for this surgery, and there are no extenuating circumstances to justify its use. The patient is not immobile or unable to bear weight. She is able to participate in physical therapy. There does not appear to be complex regional pain syndrome (CRPS) or extensive fibrosis. Therefore, the request for continuous passive motion exercise device for use on knee only (DOS: 08/21/13 to 09/19/13) is not medically necessary and appropriate.