

Case Number:	CM13-0056695		
Date Assigned:	04/16/2014	Date of Injury:	04/28/2013
Decision Date:	05/23/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/22/2013

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:

The claimant is a 69-year-old female who injured her left knee on April 28, 2013. Following a course of conservative care, the clinical records indicate the claimant underwent left knee arthroscopy with partial medial meniscectomy and debridement of the medial femoral condyle with synovectomy, performed by [REDACTED] on October 16, 2013. This request is for the post-operative use of a CPM device for 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUOUS PASSIVE MOTION, 30-DAYS FOR THE LEFT KNEE, POST-MENISCECTOMY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines: Criteria for the use of continuous passive motion devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment In Worker's Comp, 18th Edition, 2013 Updates: Knee Procedure -Continuous Passive Motion (CPM)

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of CPM in the knee. According to Official Disability Guidelines, the request for use of the CPM would not be supported. ODG Guidelines recommend the role of CPM devices following anterior cruciate ligament reconstruction, fracture fixation and total joint arthroplasty for only up to 21 days. ODG Guidelines do not indicate the need for CPM following knee arthroscopy and meniscectomy. The request in this case for 30 days of use of the CPM device would not be indicated. The Continuous Passive Motion, 30 days for the left knee, post operative meniscectomy is not medically necessary and appropriate.