

Case Number:	CM13-0057694		
Date Assigned:	12/30/2013	Date of Injury:	12/02/2012
Decision Date:	03/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 23-year-old male who reported an injury on 12/02/2012 after he opened a heavy door which reportedly caused sudden onset of pain to his right knee. The patient underwent an MRI in 12/2012 that documented there was an oblique tear of the lateral meniscus. The patient also underwent an MRI of the left knee that documented there was a displaced lateral meniscus tear. The patient failed to respond to conservative therapies and ultimately underwent right knee arthroscopy in 06/2013 followed by left knee arthroscopy in 11/2013. The patient's postsurgical clinical findings included right knee range of motion described and 0 degrees to 125 degrees with manual muscle strength documented as 4+/5. A treatment recommendation was made for postoperative physical therapy and non-steroidal anti-inflammatory drugs. The request was made for a continuous passive motion unit for the knee. ¶

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM continuous passive motion Unit for the Knee: 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) Knee and Leg Chapter

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, Continuous passive motion (CPM)

Decision rationale: The requested continuous passive motion unit for the knee is not medically necessary or appropriate. Official Disability Guidelines recommend up to 17 days of use of a continuous passive motion machine for patients who are immobile or unable to bear weight and are unable to comply with a rehabilitation exercise program following total knee arthroplasty or revision. The clinical documentation submitted for review does not provide any evidence that the patient has undergone a total knee arthroplasty. Clinical documentation supports that the patient underwent meniscal repair. There is no documentation to support that the patient is immobile and unable to participate in an active therapy program. Additionally, the request as it is written does not specifically identify the intended duration of treatment. Therefore, use of a continuous passive motion unit for the knee is not medically necessary or appropriate.

Soft Goods for Lower Extremity CPM with education: 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) Knee and Leg Chapter

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, Continuous passive motion (CPM)

Decision rationale: The requested soft goods for lower extremity CPM with education is not medically necessary or appropriate. As the requested continuous passive motion machine is not supported, ancillary services would also not be supported. Therefore, the decision for soft goods for lower extremity CPM with education is not medically necessary or appropriate.