

<b>Case Number:</b>	CM13-0061489		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/23/1995
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 47-year-old individual was reportedly injured on November 23, 1995. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated December 2013, indicated that there were ongoing complaints of knee and back pains. The physical examination demonstrated tenderness to palpation and a decreased range of motion. Diagnostic imaging studies were not presented for review. Previous treatment included knee surgery, physical therapy and multiple medications. A request had been made for a continuous passive motion machine, a pain pump and a STIM unit and was not certified in the pre-authorization process on November 25, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **CPM (CONTINUOUS PASSIVE MOTION) MACHINE 3-WEEK RENTAL.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, SHOULDER, CONTINUOUS PASSIVE MOTION.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** This device is only indicated after a total knee arthroplasty. There are no current clinical records presented for review indicating that such a surgery has been

accomplished. Therefore, based on the lack of any clinical evidence and per MTUS guidelines, the request is not medically necessary.

**PAIN PUMP:** 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) Guidelines, Pain Pump

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**Decision rationale:** As outlined in the MTUS guidelines, this is only recommended for in-state treatment in carefully selected patients. There are no progress notes subsequent to December 2013 outlining why this is indicated. As such the request is not medically necessary.

**SS4 STIM UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 52.

**Decision rationale:** As outlined in the MTUS, this is only recommended for in-state treatment in carefully selected patients. There are no progress notes subsequent to December, 2013 outlining why this is indicated. As such, the request is not medically necessary.