MAXIMUS Federal Services

Case Number:	CM13-0063586		
Date Assigned:	12/30/2013	Date of Injury:	06/25/2009
Decision Date:	03/27/2014	UR Denial Date:	11/16/2013
Priority:	Standard	Application Received:	12/09/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in New York. 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 52-year-old female with the date of injury July 25, 2000. She has a history of left knee lateral medial meniscus tears. She has a history of chondromalacia, synovitis, meniscal tears, and had previous ACL reconstruction surgery. She recently underwent left knee arthroscopy surgery in October 25, 2013. The op report reads: LEFT KNEE PROCEDURES: 1. Diagnostic/Operative knee arthroscopy. 2. Arthroscopic partial medial meniscectomy. 3. Arthroscopic partial lateral meniscectomy. 4. Chondroplasty patellofemoral joint. 5. Chondroplasty medial compartment. 6. Chondroplasty lateral compartment. 7. Extensive three-compartment synovectomy/debridement. 8. Resection of hypertropic synovial plica. 9. Insertion of pain pump (extra-articular). At issue is whether a 21 day rental of CPM use between October 29, 2013 and November 19, 2013 is medically needed

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 21 day rental of Continuous Passive Motion (CPM) (dispensed on 10/29/13) between 10/29/13 and 11/19/13: 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 (Acute & Chronic) Continuous Passive Motion (CPM)

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 (Acute & Chronic), Criteria for the use of continuous passive motion devices

Decision rationale: Established guidelines indicate that CPM is recommended for in-hospital use, or for home use in patients at risk for a stiff knee based on demonstrated compliance and measured improvements, but the overall beneficial effects over regular PT may be small. Guidelines indicate that routine use at home CPM has minimal benefit. The acute hospital setting, postoperative CPM use may be considered medically needed for 4-10 consecutive days but no more than 21 days following surgical procedures. The procedures are total knee arthroplasty, ACL reconstruction, and ORIF of tibial plateau fractures. The op report in this case is not indicating that the patient had one of these knee procedures on the day of most recent surgery. Twenty-one (21) day rental of home CPM is not medically necessary and should not be approved based on established guidelines. Guidelines only recommend home CPM use in patients with low postoperative mobility or inability to comply with rehab exercises following total knee arthroplasty revision. This patient underwent arthroscopic left knee surgery. Based on the type of arthroscopic surgery performed in this patient on October 25, 2013, the use of the CPM machine postoperatively would not be supported by current guidelines. Therefore a request of 21 day home CPM use is not medically needed.