MAXIMUS Federal Services

Case Number:	CM13-0065499		
Date Assigned:	01/03/2014	Date of Injury:	09/25/2009
Decision Date:	05/16/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 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 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 injured worker is a 40-year-old male who reported an injury on 09/25/2009. The mechanism of injury was not provided for review. The injured worker ultimately underwent left knee surgery in 2012. The injured worker underwent a left knee MRI on 09/13/2013 due to persistent pain and mechanical symptoms. The MRI revealed status post partial medial meniscectomy with no evidence of recurrent tear, evidence of patellofemoral disease with chronic friction syndrome, no evidence of significant patellofemoral chondromalacia, mild chronic proximal patellar tendinosis and postsurgical changes within the Hoffa's fat pad extending out to the medial patella retinaculum without evidence of focal arthrofibrosis. No evaluation after the MRI was submitted for review. The request was made for a CPM rental times 21 days, associated supplies for the CPM and a [redacted] Iceman Clearcube with associated supplies was requested. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM RENTAL X 21 DAYS: 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 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

Decision rationale: The Official Disability Guidelines recommend a continuous passive motion machine for status postsurgical intervention of a total knee replacement or total reconstruction of the ACL. However, there was no documentation to determine whether the injured worker underwent surgical intervention and what surgical intervention was provided to the injured worker. Therefore, the appropriateness of the request cannot be determined. The request for a CPM for 21 days is not medically necessary and appropriate.

SOFT GOODS FOR LOWER EXTREMITY CPM PURCHASE: 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).

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.

Decision rationale: As the continuous passive motion machine is not medically necessary and appropriate, associated accessories are also not medically necessary and appropriate.

[redacted] **ICEMAN CLEARCUBE PURCHASE:** 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).

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 Flow Cryotherapy

Decision rationale: The Official Disability Guidelines recommend use of continuous cryotherapy as an option for up to 7 days in the management of postsurgical pain. However, there was no clinical documentation to support that the injured worker underwent surgical intervention. Therefore, the appropriateness of this request cannot be determined. The request for a [redacted] Iceman Clearcube for purchase is not medically necessary and appropriate.