

Case Number:	CM13-0067807		
Date Assigned:	01/03/2014	Date of Injury:	09/08/2008
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/18/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 8, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a total knee arthroplasty on November 4, 2013; and postoperative usage of a continuous passive motion device through November 28, 2013. In a Utilization Review Report of December 11, 2013, the claims administrator denied a request for continued rental of the continuous passive motion device, stating that the applicant should be worked up to conclusively rule out a DVT before renewal of the CPM device is sought. A January 17, 2014 progress note is notable for comments that the applicant is doing much better in terms of low back and knee pain. 0 to 115 degrees of knee range of motion are appreciated despite 1 to 2+ effusion. The applicant is placed off of work, on total temporary disability. On December 11, 2013, the applicant was described as having severe low back pain and swelling over the weekend. Swelling was appreciated about the calf. The applicant did exhibit 0 to 100 degrees of knee motion. It was stated that the applicant could perform manual traction and initiate stationary biking.

IMR ISSUES, DECISIONS AND RATIONALES

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

THE REQUEST FOR CONTINUOUS PASSIVE MOTION (CPM): Upheld

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

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

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, continuous passive motion (CPM) is not routinely recommended but can be employed in select, inactive applicants following a total knee arthroplasty. In this case, however, the applicant was described as making favorable progress. On one occasion, he was asked to continue physical therapy using a recumbent bike. On other occasions, he was described as possessing knee range of motion in the 0-100 degree range and 0-115 degree range on a later occasion. All of the above, taken together, imply that the applicant was not necessarily inactive and was in fact capable of participating in conventional physical therapy, home exercises, usage of a stationary bike, etc. effectively obviating the need for the CPM device. Therefore, the request remains not certified, on Independent Medical Review.