

Case Number:	CM13-0068265		
Date Assigned:	01/03/2014	Date of Injury:	08/17/2010
Decision Date:	04/11/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/19/2013

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 Internal Medicine & Emergency Medicine, and is licensed to practice in Florida. 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:

This patient is a 62 year-old with a date of injury of 08/17/10. A progress report associated with the request for services, dated 10/31/13, noted she was status-post total knee arthroplasty. Objective findings included no tenderness of the lower leg and a healing wound. No other findings are recorded. Diagnoses included osteoarthritis of the knee. Treatment has included a right total knee arthroplasty on 10/25/13. A Utilization Review determination was rendered on 12/02/13 recommending non-certification of "CPM rental extension 7 days".

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM rental extension 7 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines: Continuous Passive Motion (CPM) Rental

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM)

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) does not address continuous passive motion (CPM) after arthroplasty. The Official Disability Guidelines (ODG) recommends CPM for in-hospital use, or for home use in patients at risk for a stiff knee, based

on demonstrated compliance and measured improvements. They also state that routine home use of CPM has minimal benefit. In this case, the record does not document the patient to be at risk for postoperative stiffness or fibrosis. Therefore, there is no documentation for the medical necessity of home CPM.