

Case Number:	CM13-0069576		
Date Assigned:	01/03/2014	Date of Injury:	12/14/2012
Decision Date:	06/12/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 claimant is a 43-year-old, gentleman who was injured in a work related accident on 12/14/12. The records provided for review document that while climbing into a truck, the claimant fell and experienced left knee pain. The records also indicate that the claimant recently underwent left knee arthroscopy and partial medial meniscectomy. There is no documentation of an ACL injury or ACL reconstruction. This review is for the postoperative use of a CPM device following the claimant's knee arthroscopy. The remaining clinical records are not pertinent to this postoperative request.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURABLE MEDICAL EQUIPMENT (DME)-CONTINUOUS PASSIVE MOTION (CPM): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment In Workers' Comp. Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic).

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

Decision rationale: California MTUS and ACOEM Guidelines do not address the use of a CPM machine. According to the Official Disability Guidelines, a CPM device for the knee postoperatively cannot be recommended as medically necessary. The Official Disability Guidelines recommend the use of a CPM following surgery for joint arthroplasty, ACL reconstruction, and open reduction internal fixation of the tibial plateau and distal femur fractures. At present the use of a CPM following knee arthroscopy and meniscectomy is not recommended. The specific request in this case would not be indicated.