

Case Number:	CM13-0071089		
Date Assigned:	01/08/2014	Date of Injury:	09/28/2011
Decision Date:	05/07/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/26/2013

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:

This claimant is a 61-year-old gentleman injured September 28, 2011 sustaining an injury to the left knee. The records indicate he has failed considerable conservative management. Surgical authorization request of 01/07/14 indicates the claimant is to undergo a left knee arthroscopy, meniscectomy, chondroplasty, possible lateral retinacular release, and loose body removal. It appears that the surgical process itself has been authorized. At present, there is a request for postoperative use of a continuous passive motion (CPM) machine for six weeks for the left knee as well as the role of a "home exercise kit" for the left knee. Further clinical records in this case are not pertinent to the specific request at hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine post-op for six weeks: 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).

Decision rationale: The Expert Reviewer's decision rationale: MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, a continuous passive motion

device would not be indicated. Official Disability Guideline criteria do not typically recommend the role of continuous passive motion devices following simple knee arthroscopy and meniscectomy procedures. It specifically would not indicate the above device for six weeks as being requested in this case. The clinical records for review and operative process to be performed would not support the role of above device.

Home exercise kit for the knee: 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).

Decision rationale: The Expert Reviewer's decision rationale: MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, the role of the home exercise kit in this case also would not be indicated. It is unclear as to why the claimant would not progress with a formal course of physical therapy or aggressive home exercises. The specific role of a "kit" for postoperative use following an arthroscopy would not be indicated at this time.