

Case Number:	CM14-0000691		
Date Assigned:	01/17/2014	Date of Injury:	02/09/2003
Decision Date:	06/06/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 patient has submitted a claim for right knee pain with an industrial injury date of February 9, 2003. The treatment to date has included medications, physical therapy, manipulation under anesthesia, total knee replacement, and 21 days rental of continuous passive motion (CPM) machine. A Utilization review from December 9, 2013 denied the request for knee CPM machine, 3 weeks extension. The reason for the non-certification was not included in the documentation submitted with this review. The medical records from 2012 through 2013 were reviewed, which showed that the patient complained of right knee pain, swelling and decreased range of motion, which was increased with weight bearing. The patient also reported difficulty with walking up/down the stairs. On physical examination, there was moderate swelling of the right lower extremity and muscle strength was 4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE CPM MACHINE, 3 WEEKS EXTENSION: 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 Chapter.

Decision rationale: The CA MTUS does not specifically address this issue; however, according to Official Disability Guidelines (ODG), Knee Chapter, the use of continuous passive motion devices may be considered medically necessary postoperatively for up to 21 consecutive days for the following procedures: total knee arthroplasty, anterior cruciate ligament reconstruction, open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. In this case, the patient has undergone total knee arthroplasty and had used a continuous passive motion (CPM) machine for 21 days. However, the medical reports did not provide objective evidence of functional improvement with the use of the machine. Moreover, the patient has already used the CPM machine for the recommended 21 days. Therefore, the request for a knee CPM machine is not medically necessary.