MAXIMUS Federal Services

Case Number:	CM14-0009829		
Date Assigned:	02/21/2014	Date of Injury:	09/25/2012
Decision Date:	06/30/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/27/2014

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 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 injured worker is a 27 year old male who reported an injury to his right knee. The clinical note dated 01/23/14 indicates the injured worker having undergone a total knee arthroplasty on the right on 09/18/13. The note indicates the injured worker undergoing a home exercise program with continued improvements. However, pain and swelling at the posterior region of the right knee is documented post interventions; which was reported by the injured worker after two hours of ambulating. The note indicates the injured worker utilizing Norco for pain relief. The injured worker was able to demonstrate 0 to 120 degrees of range of motion at the right knee. The injured worker was also able to demonstrate 4+/5 strength at the hamstrings and 4+/5 strength at the quadriceps. The previous utilization review dated 01/07/14 indicates the use of the Continuous Passive Motion (CPM) rental was originally approved for 27 days with an additional extension of seven days subsequently approved. The therapy note dated 12/17/13 indicates the injured worker undergoing a discharge following the right knee TKA. The injured worker was able to demonstrate 0 to 116 degrees of range of motion at the right knee with no significant strength deficits. The injured worker continued to rate the pain as 3/10 at that time. The operative report dated 09/18/13 indicates the injured worker undergoing a right knee Total Knee Arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME : EXTENSION OF KNEE CPM UNIT FROM 10/16/13 - 10/28/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337-339.

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

Decision rationale: The request for an extension of the knee Continuous Passive Motion (CPM) unit from 10/16/13 - 10/28/13 is not medically necessaryper Official Disability Guidelines (ODG). The documentation indicates the injured worker having originally been approved for a 14 day use of the CPM following the total knee arthroplasty on the right. A seven day extension was also identified in a subsequent utilization review bringing the total use of the CPM unit to 21 days. Standard of care for the use of a CPM following a Total Knee Arthroplasty (TKA) is 21 days. No information was submitted regarding the injured worker's ongoing functional deficits indicating the need for an additional extension regarding the use of a CPM following the injured worker's right knee procedure. Therefore, this request is not indicated as medically necessary.