

Case Number:	CM14-0101964		
Date Assigned:	07/30/2014	Date of Injury:	02/11/2012
Decision Date:	12/08/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 Occupational Medicine 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:

According to the records made available for review, this is a 41-year-old male with a 2/11/12 date of injury. At the time (6/27/14) of the decision for Post-op CMP 14 day rental and walker purchase for left knee, there is documentation of subjective (left knee pain) and objective (crepitus and tenderness over medial knee joint line) findings, current diagnoses (left knee osteoarthritis), and treatment to date (physical therapy and medications). Medical report identifies a request for post-op CPM 14 day rental and walker purchase for left knee; and an associated request for left unicompartmental knee arthroplasty. There is no documentation of a pending surgery that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op CMP 14 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg 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, Continuous Passive Motion (CPM)

Decision rationale: Specifically regarding CPM (Continuous passive motion), MTUS does not address this issue. ODG identifies documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of left knee osteoarthritis. In addition, there is documentation of a request for post-op CPM 14 day rental and walker purchase for left knee; and an associated request for left unicompartmental knee arthroplasty. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.

Walker purchase for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual

Decision rationale: Specifically regarding walker, MTUS and ODG do not address the issue. Medical Treatment Guideline identifies documentation of a personal mobility deficit sufficient to impair their participation in mobility-related activities of daily living (MRADLs) such as toileting, feeding, dressing, grooming, and bathing in customary locations within the home, as criteria necessary to support the medical necessity of a walker. Within the medical information available for review, there is documentation of a diagnosis of left knee osteoarthritis. In addition, there is documentation of a request for post-op CPM 14 day rental and walker purchase for left knee; and an associated request for left unicompartmental knee arthroplasty. However, there is no documentation of a pending surgery that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request is not medically necessary.