

Case Number:	CM14-0013468		
Date Assigned:	02/21/2014	Date of Injury:	08/25/2003
Decision Date:	06/26/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/03/2014

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:

This 54-year-old male shift supervisor sustained an industrial injury on August 25, 2003, relative to a slip and fall. He is status post posterior L4-S1 fusion and discectomy on August 8, 2007, re-exploration and resection of an osteophyte and removal of pedicle screw October 8, 2008, and right knee arthroscopic surgery in 2006. Past medical history was positive for hypertension, arthritis, and diabetes. The April 11, 2013 right knee x-rays showed moderate medical compartment degenerative joint disease. The January 16, 2014 progress report indicated the patient had been certified for a total knee replacement. The January 28, 2014 utilization review recommended partial certification of the post-op requests for continuous passive motion (CPM) for 21 days and post-operative physical therapy two times per week for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (CONTINUOUS PASSIVE MOTION) MACHINE RENTAL DAYS QTY: 40:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: The California MTUS does not provide recommendations for continuous passive motion devices in chronic knee cases. The Official Disability Guidelines recommend the use of continuous passive motion for total knee arthroplasty up to 21 days. The January 28, 2013 utilization review recommended partial certification of this device for 21 days use. There is no compelling reason to support the medical necessity of continuous passive motion beyond guideline recommendations and the prior certification. The request for the ninety day rental of a CPM machine is not medically necessary or appropriate.

POST-OP PHYSICAL THERAPY (2X PER WEEK) QTY: 40: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: POSTSURGICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

Decision rationale: The California Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or twelve visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The January 28, 2014 utilization review recommended partial certification of physical therapy twice weekly for six weeks, or twelve visits. There is no compelling reason to support the medical necessity of post-op physical therapy beyond guideline recommendations and the prior certification. The request for post operative physical therapy, forty sessions, twice weekly, is not medically necessary or appropriate.