MAXIMUS Federal Services

Case Number:	CM14-0015259		
Date Assigned:	02/28/2014	Date of Injury:	09/11/2007
Decision Date:	06/27/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/06/2014

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 Neurological 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 50-year-old male was injured on September 11, 2007. Treatment has included a right total knee replacement arthroplasty dating back to 2012. Flexion of 110°degrees is noted. Subsequent to the right total knee arthroplasty a left knee issue is noted. The September, 2013 evaluation noted this 5'11" 320 pound individual to be hypertensive. There were ongoing complaints of bilateral knee pain. Osteophytic changes in the left knee are noted. The mechanism of injury was noted as a twisting event. A psychiatric evaluation was completed. A December 9, 2013 knee surgery noted a subtotal lateral meniscectomy, synovectomy and microfracture care of the lateral tibial plateau.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE CONTINUOUS PASSIVE MOTION MACHINE X 30 DAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 23/25.

Decision rationale: As noted in the ACOEM guidelines, there is limited evidence to support this device. However, a literature review only suggest that up to twenty-one days of such intervention

be supported. Given the amount of therapy ordered/ completed and the amount of continuous passive motion machine usage noted, there is insufficient clinical data presented to support this request.