

Case Number:	CM14-0111966		
Date Assigned:	08/01/2014	Date of Injury:	05/01/2007
Decision Date:	12/23/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/14/2014

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 Minnesota. 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 48 year old male with a history of healed lateral tibial plateau fracture and retained metal plate and screws . He was scheduled for arthroscopy of the knee and removal of the plate and screws from the proximal tibia. The procedure was performed on 8/22/2014 with partial medial meniscectomy, synovectomy, and removal of hardware. The disputed issue pertains to a request for post-operative continuous passive motion machine that was modified by UR on 6/19/2014 to 21 day rental.

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: 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) - Treatment in Workers' Compensation (TWC) Knee and Leg Procedure Summary last updated 6/5/14

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: Knee, Topic: Continuous passive motion.

Decision rationale: California MTUS does not address CPM rental after knee surgery. ODG guidelines recommend use of CPM after open reduction internal fixation of tibial plateau and distal femoral fractures but not after removal of hardware, synovectomy, and partial medial meniscectomy. Home use for up to 17 days is recommended after surgery when patients are immobile and unable to bear weight and are at risk of a stiff knee. UR authorized CPM rental for 21 days. Therefore, the request for CPM machine as stated is not medically necessary.