

Case Number:	CM14-0155453		
Date Assigned:	09/25/2014	Date of Injury:	01/16/2012
Decision Date:	12/26/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/22/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 49-year-old female who has submitted a claim for sprain and strain of medial collateral ligament of the knee associated with an industrial injury date of 1/6/2012. Medical records from 3/5/2014 up to 8/15/2014 were reviewed showing intermittent right knee pain described as aching and dull. Pain is mild to moderate in severity with no radiations. Pain is relieved by use of medications and ice. Associated symptoms include slight tingling. The patient started physical therapy on 8/28/14. Progress report dated 9/16/2014 noted that she is progressing well with improved walking tolerance. Physical examination revealed the use of crutches to assist in ambulation with noted mild antalgic gait. Right knee inspection revealed slight soft tissue swelling with arthroscopic portals noted. Her right knee has full range of motion with strength of 4/5. Patient had undergone right knee arthroscopic meniscectomy, debridement, and arthroplasty on 8/5/2014. Treatment to date has included surgery, physical therapy, Tramadol, and Celebrex. The utilization review from 9/5/2014 denied the request for Post op Knee CPM 21 day rental. Request is not recommended for routine use following a standard knee arthroscopy where there is no information of extensive fibrosis or there is the inability to participate in a standard post op physical therapy program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Knee CPM 21 day rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (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) Knee, Continuous Passive Motion

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. ODG's Criteria for the use of continuous passive motion devices: For home use, up to 17 days after surgery while patients at risk of a stiff knee, are immobile, or unable to bear weight: Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: complex regional pain syndrome, extensive arthrofibrosis/tendon fibrosis, or physical, mental, or behavioral inability to participate in active physical therapy. In this case, patient had undergone right knee arthroscopic meniscectomy, debridement, and arthroplasty on 8/5/2014. She is undergoing physical therapy with subjective and objective improvement. There is no documentation of presence of complex regional pain syndrome or fibrosis. Moreover, the recommendation allows CPM use only up to 17 days after the surgery. There is no discussion why the request exceeded that of guideline recommendation. Therefore the request for Post-op Knee CPM 21 day rental is not medically necessary.