

Case Number:	CM14-0155491		
Date Assigned:	09/25/2014	Date of Injury:	03/28/2012
Decision Date:	10/27/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/23/2014

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 Orthopaedic 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 47-year-old female registered nurse sustained an industrial injury on 3/28/12. Injury occurred when her left knee popped while moving a 480-pound patient. She underwent left knee arthroscopic minor chondroplasty of the medial and lateral femoral condyles, biopsy and chondrocyte autograft on 1/30/14. A left tibial tubercle osteotomy and autologous chondrocyte implantation of the trochlear groove of the femur and medial femoral condyle was subsequently performed on 6/30/14. The 8/5/14 treating physician report indicated the patient had a significant improvement in pain post-operatively and was working to regain range of motion. The continuous passive motion (CPM) device had been very helpful. Physical exam documented knee range of motion 3-90 degrees with quadriceps tone down 15-20%. There was a small knee effusion. The patient was to continue with her range of motion and strengthening program. The 9/2/14 treating physician report indicated the patient had been working faithfully on a rehabilitation program, using CPM daily. Knee range of motion was 2-95 degrees, unchanged over the past 2 weeks. Quadriceps tone was reduced 20-25%. There was mild tenderness, no instability, and no significant effusion. The patient was struggling to regain flexion due to the maturation of scar tissue and the load applied to the patellofemoral joint with flexion. Authorization for left knee manipulation under anesthesia with continued use of continuous passive motion for one additional month was requested. The 9/4/14 utilization review partially certified the request for one month use of a continuous passive motion machine to 21 days consistent with guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued usage of CPM machine/kit (1month): Upheld

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

Decision rationale: The California MTUS does not provide recommendations for continuous passive motion (CPM). The Official Disability Guidelines provide specific criteria for CPM following the total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. In general, hospital use is supported for no more than 21 days and home use up to 17 days. There is no strong evidence to support the routine use of prolonged CPM. The 9/4/14 utilization review partially certified 21 days of additional CPM use. There is no compelling reason to support the medical necessity of CPM use beyond the current certification in the absence of guideline support. Therefore, this request is not medically necessary.