

Case Number:	CM14-0164431		
Date Assigned:	10/14/2014	Date of Injury:	11/23/2011
Decision Date:	12/12/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Physical Medicine & Rehabilitation 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 is a 63-year-old male with a 11/23/11 date of injury. According to a progress report dated 7/28/14, this patient reported a painful condition about the right knee. He underwent arthroscopic surgery with partial meniscectomy. It is very clear that he has instability of the right knee due to an ACL tear at the present time. The provider has requested authorization for arthroscopic surgery with ACL reconstruction of the right knee. Objective findings: right knee moderate effusion, tenderness to palpation along the medial and lateral joint line, Lachman and pivot shift tests are positive. Diagnostic impression: lateral meniscal tear, right knee; possible medial meniscal tear with ACL tear. Treatment to date included medication management, activity modification, physical therapy, and surgery. A UR decision dated 9/25/14 denied the request for post-op CPM device, right knee. The patient was pending an arthroscopic surgery with ACL reconstruction. Treatment guidelines do not recommend the use of a CPM for pending procedure as it is not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Continuous Passive Motion (CPM) device, right knee: 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, Continuous Passive Motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) Knee Chapter - Continuous Passive Motion (CPM)

Decision rationale: CA MTUS does not address this issue. ODG's criteria for the use of continuous passive motion devices for up to 21 days include total knee arthroplasty; anterior cruciate ligament reconstruction; open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. However, in the present case, the provider has requested authorization for arthroscopic surgery with ACL reconstruction of the right knee, a procedure which is not supported by ODG guidelines for post-operative use of a CPM machine. In addition, there is no documentation that the requested surgical procedure has been authorized. As a result, this associated request for post-operative treatment cannot be substantiated. Furthermore, the duration for use was not provided. Therefore, the request for Continuous Passive Motion device is not medically necessary.