

Case Number:	CM14-0176399		
Date Assigned:	10/30/2014	Date of Injury:	06/03/2013
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 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 56-year-old male claimant with reported industrial injury of June 3, 2013. Provisional diagnosis of a loose total knee arthroplasty is noted. Patient is status post total knee arthroplasty December 2012. Radiographs have not demonstrated any evidence of loosening however a bone scan demonstrated increased uptake around the prosthesis consistent with loosening. Exam note from August 21, 2014 demonstrates no evidence of loosening of the prosthesis. Exam note 8/19/2014 demonstrates painful left total knee arthroplasty. Of note the laboratory values demonstrate a sedimentation rate of 10 and a C-reactive protein is 0.7. Diagnosis is made of aseptic loosening left total knee arthroplasty with a request for revision surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: purchase of CPM (Continuous Passive Motion) machine for the left 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 (ODG), Treatment Index, 12th Edition (web), 2014, Knee and Leg Chapter, Continuous Passive Motion (CPM)

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, CPM

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the request is for an unspecified amount of days for CPM following revision total knee arthroplasty, the determination is not medically necessary.