MAXIMUS Federal Services

Case Number:	CM14-0022601		
Date Assigned:	06/16/2014	Date of Injury:	05/05/2009
Decision Date:	07/30/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology, has a subspecialty in Pain Managment 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:

The injured worker is a 55-year-old male who reported an injury on 05/05/2009. The mechanism of injury is unknown. However, he reported sustaining an injury to his low back and right lower extremity on that date. Additionally, he reported sustaining injuries to his bilateral knees due to continuous trauma as a result of his usual and customary job duties. On 07/30/2013, his diagnoses included right knee sprain and strain with medial and lateral meniscal tears and chondromalacia, status post arthroscopic partial medial and lateral meniscectomy and chondroplasty on 12/01/2011. In an orthopedic report dated 10/24/2013, his presenting complaints included worsening right knee pain. He described his right knee pain as constant, aching and sharp. He had episodes of the knee giving way, stiffness and swelling. He also reported increasing popping sounds. He rated his pain on average of 6/10-7/10 and at its worst 8/10-9/10. On an unknown date, he has viscosupplementation to the right knee, and reported some minor improvement in his ability to stand and walk, but just for a short period of time following the injection. Factors that aggravated his knee included squatting, kneeling, stooping, crouching, crawling, walking on uneven terrain, prolonged sitting or standing and ascending or descending stairs. Factors which alleviated his discomfort included being off his feet, medication, rest, and avoiding the factors that aggravated his knee. His medications at that time included hydrocodone, Lyrica, Soma, tramadol, amitriptyline, and diclofenac, but no dosages were noted. An examination of his knee revealed a healed arthroscopic portal scar with no evidence of increased warmth or deformity. There was moderate medial joint line tenderness over the right knee. His right knee flexion was noted to be 123 degrees and extension was -3 degrees. His diagnosis included degenerative joint disease. On 01/14/2014, he had an MRI of the right knee which showed a tear, probably degenerative type, of the posterior horn medial meniscus, a small oblique tear involving the posterior and central aspects of the posterior horn of

the medial meniscus, prominent degenerative changes with equivocal tear at the junction of the body and anterior horn of the medial meniscus; findings consistent with a radial type tear at the juncture of the body and posterior horn of the lateral meniscus, equivocal horizontal tear at the posterior horn of the lateral meniscus, degenerative changes of the anterior horn lateral meniscus and minimal joint effusion. On 01/14/2014, he had a right total knee replacement. There was no request for authorization or rationale found in this chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE CPM X 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 (ODG), Knee Chapter, Continuous Passive Motion (CPM) Section.

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 (CPM).

Decision rationale: The request for a knee CPM x 21 day rental is non-certified. ODG recommends continual passive motion (CPM) for in hospital use or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Continuous passive motion combined with physical therapy may offer beneficial results compared to physical therapy alone in the short term rehabilitation following total knee arthroplasty. Results favoring CPM were found for the main comparison of CPM combined with physical therapy manipulation. CPM did not significantly improve passive knee flexion and passive or active knee extension. The criteria for use of continuous passive motion devices allows up to 17 days after surgery if a patient is at risk of a stiff knee or 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, or if the patient has physical, mental, or behavioral conditions which would disallow him to participate in active physical therapy. There is no documentation of active physical therapy having been initiated for this worker. There is no documentation that this worker has physical, mental, or behavioral issues which would not allow him to participate in active physical therapy. Additionally, the request did not specify whether the requested rental was for home use or in hospital use. There was no indication on the request as to which knee the CPM device was to be applied to. Therefore, this request for knee CPM x 21 day rental is not medically necessary.