

Case Number:	CM14-0030833		
Date Assigned:	06/20/2014	Date of Injury:	07/12/2012
Decision Date:	08/12/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/11/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 61-year-old female who was reportedly injured on 7/12/2012. The mechanism of injury was noted as a slip and fall. The most recent progress note dated 2/19/2014, indicated that there were ongoing complaints of chronic left knee pain. The physical examination demonstrated left knee was clean dry and intact. No drainage or redness noted. Positive swelling as expected. Range of motion was 0-80. Diagnostic imaging studies included left knee x-rays, which revealed implants to be an excellent alignment. Previous treatment included previous surgery, physical therapy, injections and medications. A request had been made for continuous passive motion rental for 21-30 days and was not certified in the pre-authorization process on 3/4/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) rental of a continuous passive motion (CPM) device and cold pneumatic compression therapy for twenty- one (21) to thirty (30) days with purchase of sleeves: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 (acute and chronic) updated 6/5/2014. (CPM) continuous passive motion.

Decision rationale: A continuous passive motion (CPM) is recommended as indicated below, 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. In an acute hospital setting, a CPM may be necessary for 4-10 days following surgical procedure not to exceed 21 days. For home use, it may be used up to 17 days after surgery with patients at risk of a stiff knee, who are immobile or unable to bear weight. The recommendation for 21-30 days exceeds guideline recommendations. Therefore, this request is deemed not medically necessary.