

Case Number:	CM14-0031938		
Date Assigned:	04/09/2014	Date of Injury:	03/30/2012
Decision Date:	05/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/06/2014

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 Occupational Medicine and is licensed to practice 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee arthritis reportedly associated with an industrial injury of March 30, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a total knee arthroplasty on December 13, 2013; preoperative Synvisc injection; a knee brace; and unspecified amounts of chiropractic manipulative therapy. In a utilization review report of January 13, 2014, the claims administrator retrospectively denied a request for continuous passive motion device. The applicant's attorney subsequently appealed. A medical-legal evaluation of September 27, 2013, was notable for comments that the applicant was off of work and had not worked since March 30, 2012. In a progress note of October 15, 2013, the applicant is described as having persistent complaints of knee and back pain. Authorization was sought for a left knee total knee arthroplasty. The applicant was described as having a limp. The applicant was placed off of work, on total temporary disability. Additional manipulative treatment was sought. In an interdisciplinary medical team conference dated September 9, 2013, it was stated that the applicant had fairly good range of motion to the knee but was walking with a limp. The applicant was not seemingly using a cane or other assistive device as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: CPM UNIT; 12/13/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Post-Operative Rehabilitation Section.

Decision rationale: According to the Third Edition ACOEM Guidelines, continuous passive motion devices are not routinely recommended following a total knee arthroplasty surgery, as transpired here. While CPM devices can be recommended in select, immobile applicants, in this case, however, there was no evidence that the employee was immobile. The employee was described as possessing a well-preserved knee range of motion prior to the surgery. The claimant was ambulating independently prior to the surgery. Furthermore there is no compelling rationale provided as to why the employee would have benefitted from a CPM device. The retrospective request for a CPM unit, DOS 12/13/13 is not medically necessary and appropriate.