

Case Number:	CM14-0044603		
Date Assigned:	07/02/2014	Date of Injury:	08/29/2011
Decision Date:	08/13/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of August 29, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier partial medial meniscectomy surgery; and a subsequent osteochondral graft surgery on March 21, 2014. In a Utilization Review Report dated February 1, 2014, the claims administrator denied a request for a 60-day rental of a continuous passive motion device, citing non-MTUS ODG Guidelines. The claims administrator did not incorporate any applicant-specific rationale for the progress into the rationale and simply stated that the guidelines do not endorse the request at hand. The applicant's attorney subsequently appealed. In a progress note dated March 18, 2014, the applicant was described as presenting with a primary complaint of internal derangement of the knee. The applicant was reportedly retired. The applicant had a BMI of 39. Normal gait and station were noted. The applicant was reportedly cleared for surgery. The applicant was asked to pursue the planned knee arthroscopy. On March 21, 2014, it was stated that the applicant had a history of pulmonary embolism and hepatitis. Lovenox was apparently endorsed for perioperative purposes. The applicant underwent a left knee arthroscopy, arthrotomy, and open osteochondral autograft transplantation on March 21, 2014. In an earlier medical-legal evaluation of June 26, 2013, it was stated that the applicant had had advanced knee arthritis, gait derangement, and limited range of motion about the knee superimposed on issues with obesity of the same. The medical-legal evaluator stated that it was unlikely that the applicant will return to work. Numerous other progress notes interspersed throughout late 2013, including October 17, 2013, November 14, 2013, and January 9, 2014 were all notable for comments that the applicant was having issues with chronic knee pain and an associated gait dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) machine rental for knee and pad/knee universal times sixty (60) days: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg regarding passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ACOEM 3rd Edition Pre and Post Operative Rehabilitation for Knee.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, continuous passive motion is not routinely recommended for knee surgery patients. However, CPM may be useful for select, substantially inactive applicants postoperatively. In this case, the applicant was described as severely obese, with a BMI greater than 35. The applicant had longstanding issues with gait derangement described by several providers in several specialties. The applicant has had seemingly failed earlier surgery. The applicant did have mobility and motility issues which would likely have prevented successful participation of physical therapy during the immediate 60 days postoperatively. CPM was therefore indicated on the dates in question. Therefore, the request is medically necessary.