

Case Number:	CM14-0048246		
Date Assigned:	07/02/2014	Date of Injury:	01/11/2013
Decision Date:	08/11/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 37-year-old male with date of injury of 01/11/2013. Per treating physician's report, 02/14/2014, the patient presents with intractable knee pain due to work injury. The patient is seen for preoperative visit, but continues to use pain medication, modified activity level. The patient has profound limitation by end of the day aggravated by standing, walking, kneeling, squatting. MRI of the knee from 09/19/2013 is reviewed which showed ACL reconstruction which was intact, prepatellar bursitis, mucoid degeneration within the body and posterior horn of the medial meniscus. Recommendation was for right knee arthroscopic debridement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion(CPM) Right Knee For 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 , Knee and leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines has the following regarding the use of CPM for knee

condition.

Decision rationale: This patient presents with persistent knee pain. The patient had ACL reconstruction, but there is residual meniscal tear for which the treating physician has asked for repeat surgery. The request is for continuous passive range of motion machine for 21 days. Reading ODG Guidelines for criteria of CPM devices, it recommends it for total knee arthroplasty, ACL reconstruction, open reduction internal fixation for fracture, and for home use up to 17 days after surgery for patients at risk of a stiff knee, immobile or unable to bear weight. The current request is for 21 days and there is no indication that the patient is at risk for a stiff knee that is immobile or unable to bear weight. The request is not medically necessary.

Cold Therapy For Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines.Knee &Leg ,continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG-TWC guidelines, Knee chapterContinuous-flow cryotherapy.

Decision rationale: This patient presents with persistent knee pain. The request is for purchase of cold therapy unit. The patient is recommended for knee arthroscopic surgery. For continuous flow cryotherapy, it is recommended as an option after surgery, but not for nonsurgical treatment. Postoperative use generally may be up to 7 days per ODG Guidelines. The current request for cold therapy unit for purchase is not consistent with ODG Guidelines which recommends postoperative use up to 7 days. The request is not medically necessary.