

Case Number:	CM14-0064287		
Date Assigned:	07/11/2014	Date of Injury:	09/23/2003
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 Orthopaedic Surgery, Orthopaedic Surgery 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:

This 66-year-old female sustained an industrial injury on 9/23/03. The mechanism of injury was not documented. The patient underwent left total knee arthroplasty on 1/17/13 and subsequent manipulation under anesthesia on 8/29/13. The 4/15/14 treating physician progress report cited persistent left knee pain and stiffness. Knee range of motion was less than functional at 0-90 degrees. There was no further progress anticipated with therapy and a plateau had been reached. Manipulation under anesthesia was recommended and certified. The 4/25/14 utilization review modified the request for continuous passive motion device rental to 3 weeks from the requested 4 weeks consistent with guidelines. Transportation was denied as there was no clear evidence of extenuating circumstances preventing the patient from obtaining transportation from an individual or accessing community transportation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Rental x 4 weeks: Upheld

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

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, Continuous passive motion (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device in chronic knee conditions. The Official Disability Guidelines recommend the use of continuous passive motion (CPM) devices for inpatient use up to 21 days and home use up to 17 days for patients with low post-operative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty. The 4/25/14 utilization review modified the request for 4 week rental of a continuous passive motion device to a 3 week rental reflective of guidelines recommendations. There is no compelling reason to support the medical necessity of CPM unit rental beyond guideline recommendations and the 3 weeks already certified. Therefore, this request for CPM Rental x 4 weeks is not medically necessary.

Transportation to and from the [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Knee and Leg Summary Procedure.

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, Transportation (to & from appointments).

Decision rationale: The California MTUS do not specifically address the medical necessity of transportation. The Official Disability Guidelines state that transportation to and from appointments is recommended for medically-necessary transportation to appointments in the same community for patients with disabilities preventing them from self-transport. Guideline criteria have not been met. There was no clear evidence of extenuating circumstances preventing the patient from obtaining transportation from an individual or accessing community transportation. Therefore, this request for Transportation to and from the [REDACTED] [REDACTED] is not medically necessary.