

Case Number:	CM14-0064481		
Date Assigned:	07/11/2014	Date of Injury:	11/16/2009
Decision Date:	08/21/2014	UR Denial Date:	04/09/2014
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 Orthopedic 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:

The patient is a 54 year old claimant with reported industrial injury on 11/16/09. An exam note dated 3/21/14 demonstrates complaint of pain in the neck, right shoulder, lumbar spine, and right knee. Patient reports that right knee pain is becoming worse. The exam demonstrates reduced range of motion in the cervical spine. Right knee exam demonstrates range of motion from 0-120 degrees. Claimant is status post prior medial and lateral meniscectomy with medial joint space narrowing of 1 mm. The treatment plan includes right knee partial knee replacement. Prior utilization review reports denial of right knee partial knee replacement on 4/9/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment, Continuous Passive Motion (CPM) Machine: 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 (Acute & Chronic).

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, CPM.

Decision rationale: California MTUS/ACOEM is silent on the issue of CPM. According to Official Disability Guidelines criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. The request made does not specify the length of time CPM is required. In addition, as the requested surgical procedure is not medically necessary per the prior utilization review report of 4/9/14, this request is not medically necessary.