

Case Number:	CM14-0069594		
Date Assigned:	07/14/2014	Date of Injury:	12/15/2012
Decision Date:	09/09/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/14/2014

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 Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 is a patient with a date of injury of 12/15/12. A utilization review determination dated 4/22/14 recommended not medically necessary of CPM and Polar Care x 14 days rental. 7/7/14 medical report identifies that a left knee arthroscopy, chondroplasty, and partial medial meniscectomy has been authorized.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion), rental for fourteen (14) days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous Passive Motion (CPM).

Decision rationale: Regarding the request for CPM, California MTUS does not address the issue. Official Disability Guidelines supports it for postoperative use after Total Knee Arthroplasty, Anterior Cruciate Ligament Reconstruction, or Open Reduction and Internal Fixation of Tibial Plateau or Distal Femur Fractures involving the knee joint. Within the

documentation available for review, there is no indication of a supported pending surgical procedure. In light of the above issues, the currently requested CPM is not medically necessary.

Polar care, rental for fourteen (14) days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Continuous-Flow Cryotherapy.

Decision rationale: Regarding the request for Polar Care x 14 days rental, California MTUS does not address the issue. Official Disability Guidelines supports continuous-flow cryotherapy for up to 7 days after surgery. Within the documentation available for review, there is a pending knee surgery (Left Knee Arthroscopy, Chondroplasty, and Partial Medial Meniscectomy), but unfortunately, there is no provision for modification of the current request to the 7 days rental supported by Official Disability Guidelines. In light of the above issues, the currently requested Polar Care x 14 days rental is not medically necessary.