

Case Number:	CM14-0072339		
Date Assigned:	07/16/2014	Date of Injury:	10/02/2009
Decision Date:	09/15/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/19/2014

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 October 2, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier knee arthroscopy; subsequent development of advanced knee arthritis; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 5, 2014, the claims administrator apparently denied a request for a knee total knee arthroplasty on the grounds that the applicant was a younger worker, and also denied a concomitant request for a continuous passive motion device. The applicant's attorney subsequently appealed. In a handwritten note dated December 11, 2013, the applicant was asked to pursue viscosupplementation injection therapy, presumably for knee arthritis. Work restrictions were endorsed. On February 12, 2014, the applicant again received viscosupplementation injection therapy under ultrasound guidance. Authorization was sought for a knee replacement, postoperative physical therapy, and a continuous passive motion device for postoperative use purposes. Work restrictions were endorsed. It did not appear that the applicant was working at this point with limitations in place. The remainder of the file was surveyed. There was no evidence that the applicant ever had the knee arthroplasty which is also the subject of dispute. The applicant, it is incidentally noted, was described as having only a mildly antalgic gait on April 10, 2014. The applicant was not described as using a cane or other assistive device.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion machine rental for 21 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Postoperative Rehabilitation section.

Decision rationale: The MTUS does not address the topic. However, as noted in the Third Edition ACOEM Guidelines, continuous passive motion devices are not routinely recommended for knee arthroplasty patients and should be reserved for select, substantially physically inactive applicants postoperatively. In this case, there is no mention of the applicant's being substantially immobile and/or unable to participate in conventional physical therapy. It is further noted that the surgery in question was also denied and that there was no evidence that the applicant in fact underwent the surgery in question. Therefore, the request is not medically necessary.