MAXIMUS Federal Services

Case Number:	CM14-0080034		
Date Assigned:	07/18/2014	Date of Injury:	05/06/2011
Decision Date:	08/26/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/30/2014

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 patient is a 52-year-old female who has submitted a claim for status post partial medial and lateral meniscectomy of the left knee, status post chondroplasty of the patellofemoral joint, status post surgical synovectomy, medial and lateral patellofemoral compartment, status post surgical removal of multiple loose bodies, chondral bodies of left knee, status post surgical lateral release of left patella, status post surgical intra-articular injection, left knee, associated with an industrial injury date of May 6, 2011 per medical records from 2014. The latest progress report dated 05/29/2014 showed left knee pain. Physical examination revealed painful weight-bearing limp of her left leg. There was no difficulty sitting for 25 minutes of consultation. There was global edema on the entire knee with slight discoloration or ecchymosis involving the posterior knee, the posterior leg, and the medial leg. Patella grind test was positive. There was extreme patella facet tenderness present as well as medial and lateral joint line tenderness. Lateral and medial stability tests were negative but painful. Treatment to date has included partial medial and lateral meniscectomy of the left knee, chondroplasty of the patellofemoral joint, surgical synovectomy of patellofemoral compartment, surgical removal of multiple loose bodies and chondral bodies of left knee, surgical release of left patella, surgical intrarticular injection of left knee, acupuncture, and home exercise. Utilization review from May 20, 2014 denied the request for continuous passive motion (CPM) 4 week rental, left knee because the patient was reported to have undergone left knee arthroscopy, but no postoperative documentation was submitted for review. Although the patient was diagnosed with an anterior cruciate ligament tear, it was noted that the patient did not want to undergo anterior cruciate ligament reconstruction. Clarification was needed as to what surgical procedures the patient underwent as the guidelines did not recommend CPM for medical meniscal tears if the patient can participate in active physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) 4 week rental, left knee: 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 Index, Knee & Leg, Continuous passive motion (CPM).

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 chapter, Continuous passive motion (CPM).

Decision rationale: The California MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) was used instead. According to ODG, criteria for the use of continuous passive motion devices include total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau. In this case, medical records revealed the patient underwent multiple left knee surgeries, which include meniscectomy, chondroplasty, synovectomy, and release of the patella. There is no clear indication for the necessity of this modality, as patient does not meet the above-mentioned criteria. Therefore, the request for CPM 4 week rental for the left knee is not medically necessary.