

Case Number:	CM14-0080636		
Date Assigned:	07/18/2014	Date of Injury:	05/30/2010
Decision Date:	08/18/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 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 44-year-old male sustained an industrial injury on 5/30/10, while making an arrest. The 12/26/13 left knee MRI impression documented a full thickness chondral defect in the lateral patellar facet, and lateral meniscal contusion/myxoid degeneration, but no tear. The 3/27/14 treating physician report cited constant moderate to severe left knee pain, locking, and instability. There was significant lateral joint line pain and positive lateral McMurray's test. There was positive mechanical locking at 30 degrees of flexion. There was mild effusion and clicking in extension and flexion. The patient had a cautious gait. The patient had failed comprehensive conservative treatment. Arthroscopic surgery was recommended. The patient underwent left knee arthroscopic microfracture of the trochlear portion of the left femur, partial synovectomy, and Chondroplasty of the patellofemoral articular surface, trochlea, and medial femoral condyle on 5/2/14. The 5/7/14 utilization review denied the request for post-op continuous passive motion based on failure to meet guideline criteria. The request for post-op left knee brace was denied as there was no evidence to support the medical necessity of a brace status post arthroscopy. The 5/12/14 progress report noted the patient was using continuous passive motion 0-60 degrees, advancing to 0-90 degrees in the next 2 weeks. Partial weight bearing 50-75% was recommended with a continued knee brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Op CPM Machine/Kit (Rental or Purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Continuous Passive Motion (CPM) Machine.

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. The Official Disability Guidelines recommend the use of continuous passive motion devices for home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. The Guideline criteria have not been met. This patient is status post left knee arthroscopy with microfracture, Synovectomy and Chondroplasty. There is no compelling reason to support the medical necessity of continuous passive motion in the absence of guideline support. Additionally, there is no specific duration for use of this device. Therefore, the post-op CPM machine/kit (rental or purchase) is not medically necessary.

Post-Op Left Knee Brace: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Brace.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 340. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Knee brace.

Decision rationale: The California MTUS guidelines state that a knee brace can be used for patellar instability, anterior cruciate ligament tear, or medial collateral ligament instability. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. The Guideline criteria have been met. The post-operative use of a knee brace following microfracture and Chondroplasty of a full thickness defect is consistent with guidelines. Therefore, the post-operative left knee brace is medically necessary.