

Case Number:	CM14-0086617		
Date Assigned:	07/23/2014	Date of Injury:	11/27/2011
Decision Date:	09/18/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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 Interventional Spine 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 60-year-old male with date of injury of 11/27/2011. The listed diagnoses per Dr. Kevin Pelton dated 05/05/2014 are: 1. Left knee medial compartment osteoarthritis. 2. Status post left knee unicompartmental knee replacement 02/07/2014. 3. Right knee mild to moderate osteoarthritis, post-traumatic. 4. Chronic lumbar strain with disk herniation. According to this report, the patient complains of lumbar spine and bilateral knee pain. He describes his lumbar pain as 5/10 which is frequent and radiating to the bilateral legs with numbness. He rates his bilateral knee pain 8/10 and frequent. He has been taking Norco and Keratek gel twice daily. He reports improvement in his pain levels from 9/10 to 3/10 to 5/10. The examination of the bilateral knees reveals decreased range of motion with flexion at 130 degrees on the right and 110 degrees on the left. There is tenderness noted over the medial and lateral joint lines bilaterally. There is a well-healed incision noted. Patellofemoral grind test was positive. The utilization review denied the request on 05/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion machine for 30 days rental: 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 Official Disability Guidelines (ODG) CPM For knee.

Decision rationale: This patient presents with bilateral knee pain. The patient is status post left knee replacement from 02/07/2014. The treating physician is requesting a 30-day rental of a continuous passive motion machine. The MTUS and ACOEM Guidelines do not address this request; however, ODG on continuous passive motion states that it is recommended for home use in patients at risk of a stiff knee. Routine home use of CPM has minimal benefit, although research suggests that CPM should be implemented in the first rehabilitation phase after surgery. It is recommended for home use up to 17 days after surgery for patients at risk of a stiff knee or unable to bear weight, the criteria include: 1. Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. 2. Revision of total knee arthroplasty. The progress report dated 05/05/2014 shows that there is decreased range of motion with flexion at 100 degrees on the right and 110 degrees on the left, extension normal on the right at 0 degrees and 5 degrees on the left in the bilateral knees. There was tenderness noted over the medial and lateral joint lines bilaterally. The treating physician does not mention if the patient is at risk of a stiff knee or is unable to bear weight. In addition, the treating physician does not explain why the patient is unable to participate in rehabilitation exercises following left knee replacement. Furthermore, the requested 30-day rental exceeds ODG's recommended 17-day use after surgery. Request is not medically necessary.