

Case Number:	CM14-0098549		
Date Assigned:	07/28/2014	Date of Injury:	05/22/2006
Decision Date:	09/10/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/26/2014

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 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 54 year old male who was injured on 12/27/2011. The mechanism of injury is unknown. Prior treatment history has included physical therapy, home exercise program, synvisc injections, cortisone and steroid injections. The patient underwent left knee tibial osteotomy chondroplasty meniscectomy on 06/05/2014. Progress report dated 06/11/2014 states the patient complained of left knee pain following osteotomy, chondroplasty and meniscectomy. The patient has been experiencing intenser left knee pain with pregressive disability. On exam, he has left lower extremity +2 pitting edema. His range of motion of the left knee is 5-78. He reported his CPM at homes is set to 70. Left ankle dorsiflexion is -5 and restricted by increased lower extremity edema. He was unable to lift onto mat without right lower extremity scoop technique. His upper strength was excellent and can support body weight well with FWW now set at correct height. On assessment, he has good POD #6 range of motion now to 78 degrees of flexion and only 5 degrees short of full extension. The pain is poorly controlled with reports over the 8/10 pain. His treatment options are to continue with his home exercise program and increase his range of motion to equal that of right knee. Prior utilization review dated 06/13/2014 states the request for post-operative CPM (continuous passive motion) unit x 30 days for the left knee is medically necessary and has been modified for up to 17-21 days following ORIF of tibial or femur fracture of the knee joint or similar conditions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative CPM unit x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic); 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) Continuous passive motion (CPM).

Decision rationale: Per ODG guidelines, CPM may be considered post-operatively after ORIF of the femur or tibia for no more than 21 days in the acute hospital setting, OR up to 17 days for home use. In this case, the request is for 30 days which exceeds the guidelines recommendation. Therefore, the request is considered not medically necessary according to guidelines.