

Case Number:	CM14-0120271		
Date Assigned:	08/06/2014	Date of Injury:	05/04/2000
Decision Date:	03/11/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60 year old male sustained work related industrial injuries on May 4, 2000. The mechanism of injury was not described. The injured worker subsequently complained of right knee pain. Treatment consisted of radiographic imaging, MRI of the right knee on 6/20/2014, prescribed medications, cortisone injections, physical therapy, consultations and periodic follow up visits. Per treating provider report dated June 23, 2014, the injured worker complained of ongoing right knee pain lasting two months. Physical exam revealed mild swelling with tenderness over the medial joint line. There was crepitus with range of motion. Lachmans test was firm. The knee was stable to varus and valgus stress testing. The injured worker was diagnosed with severe posttraumatic osteoarthritis medial compartment right knee. The recommendations were for a right total knee replacement surgery. The treating physician prescribed services for CPM machine now under review. On July 11, 2014, the Utilization Review (UR) evaluated the prescription for CPM machine requested on July 3, 2014. Upon review of the clinical information, UR non-certified the request for CPM machine, noting the injured worker's surgical procedure had not been authorized, therefore the request for CPM was denied. The ODG was cited. On July 29, 2014, the injured worker submitted an application for IMR for review of CPM machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter, under Continuous Passive Motion (CPM)

Decision rationale: The patient presents with right knee pain. Patient is status post right total knee arthroplasty, unspecified date. The request is for CONTINUOUS PASSIVE MOTION. Diagnostic imaging included an MRI of 06/20/14 which revealed complex degenerative tearing of the medial meniscus which is extruded medially and moderate suprapatellar joint effusion. Patient is temporarily totally disabled. ODG Knee chapter, under Continuous Passive Motion (CPM), criteria for the use of continuous passive motion devices states: "For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight:(1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with:(a) complex regional pain syndrome;(b) extensive arthrofibrosis or tendon fibrosis; or(c) physical, mental, or behavioral inability to participate in active physical therapy.(2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. Treater has not provided a reason for use of CPM device at home. Per progress report dated 11/10/14, the patient was seen 2 weeks status post right total knee arthroplasty and It was noted that the patient continued to improve and was able to walk with cane while at home. ODG guidelines allow for home use of CPM, up to 17 days after surgery while patients are at risk of a stiff knee are immobile or unable to bear weight. In this case, the request is therefor well outside the 17 day period of use specified by ODG guidelines. The request IS NOT medically necessary.