

Case Number:	CM14-0191056		
Date Assigned:	11/24/2014	Date of Injury:	03/24/2014
Decision Date:	01/09/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/17/2014

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 Orthopedic 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 50-year old female claimant with an industrial injury dated 03/24/14. MRI of the left knee dated 04/02/14 reveals a medial meniscus longitudinal horizontal tear of the body and posterior horn, glenoid the inferior surface. There was also a lateral meniscus radial oblique tear at the junction of the anterior and mid body, and moderate thinning of the mid articular surfaces in the medial compartment. It is noted to be a small joint effusion as well as multilobular ganglion cysts at the posterior aspect of the knee. Exam note 08/01/14 states the patient returns with left knee pain. The patient explains that she experienced no pain relief after the recent corticosteroid injection and had a bad reaction to it. Upon physical exam there was tenderness surrounding the left knee. Also the patient was positive for patellofemoral crepitation and had a positive patellofemoral compression test. There is no weakness noted. Diagnosis is noted as left knee medial meniscus tear, left knee lateral meniscal tear, left knee chondromalacia patella, and left knee degenerative joint disease. Treatment includes a left knee arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Services: Knee CPM Machine rental for 30 days for the 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 (ODG)
Continuous Passive Motion Services

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 CPM

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request is for a CPM following a knee arthroscopy. As the guideline criteria have not been met the determination is for non-certification. Therefore, Associated Surgical Services: Knee CPM (Continuous Passive Motion) Machine rental for 30 days for the left knee is not medically necessary.