

Case Number:	CM14-0192551		
Date Assigned:	11/26/2014	Date of Injury:	09/09/2011
Decision Date:	01/14/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational Medicine 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 63 year-old male with a date of injury of 9/9/2011. A review of the medical documentation indicates that the patient is undergoing treatment for lumbar and right knee pain. Subjective complaints (10/29/2014) include right knee pain 2/10 that is constant, sharp, and aching; improved with rest, injections, and medication; worse at night and with weight bearing. Objective findings (10/29/2014) include varus deformity, painful ROM (range of motion), antalgic gait, mild swelling and tenderness R knee; UR also noted positive McMurray's and Apley's test, positive straight leg raise bilaterally, decreased sensation bilaterally. Diagnoses include osteoarthritis and right knee pain. The patient has undergone studies to include X-rays (9/2012), which showed advanced degenerative changes. The patient has previously undergone medications, physical therapy, TENS, home aquatic exercise, lumbar ESIs, and knee cortisone injection. A utilization review dated 11/18/2014 did not certify the request for CPM Unit for 21 days, right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) Unit for 21 Days, right knee Qty 1: 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

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: CPM stands for continuous passive motion. MTUS does not address the issue of CPM (continuous passive motion) units. ODG indicates that it is recommended for in-hospital use or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. According to ODG, criteria for the use of CPM include: "In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary); (2) Anterior cruciate ligament reconstruction (if inpatient care); (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. 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." The treating physician has recommended total knee arthroplasty, which is an indication for use of a CPM unit. However, the setting for utilization of the CPM unit has not been detailed, nor have any other adjunctive therapies been discussed such as physical therapy. The knee surgery has also been denied in a prior UR, so the acute hospital setting indication would not be present. For utilization at home, there has been no demonstrative of inability to comply with rehabilitation exercises, and given the denial of surgery, there does not appear to be another indication present. Therefore, the request for CPM unit for 21 days, right knee, Qty 1, is not medically necessary at this time.