

Case Number:	CM14-0193083		
Date Assigned:	11/26/2014	Date of Injury:	02/13/2014
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
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 Family Medicine and is licensed to practice in Colorado. 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 29 year old male, in good general health, with date of injury 2/13/2014 continues care with treating physicians and surgeons. Patient diagnoses include Right Anterior Cruciate ligament tear, and he has undergone Arthroscopy with Anterior Cruciate ligament repair/graft 10/20/2014. Patient attempted conservative therapies prior to surgery including acetaminophen, non-steroidal anti-inflammatory drugs, topical analgesics, ice/heat, and Physical therapy. Patient is now postoperative and his treating physician requests, in addition to other therapies, purchase of continuous passive motion device for the knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of CPM for post-operative right 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 - Treatment of Workers Compensation, Criteria of the use of continuous passive motion devices

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 816-817. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Criteria for the use continuous passive motion devices

Decision rationale: The MTUS Guidelines do not address the issue of continuous passive motion devices, so ACOEM Guidelines and Official Disability Guidelines were consulted. The ACOEM Guidelines address continuous passive motion (CPM) devices only in regards to knee arthroplasty, but quality studies referenced in the ACOEM do not find any benefit from CPM use over or in addition to early mobilization and active exercise therapies. Therefore, per the ACOEM, continuous passive motion is not a recommended therapy in the postoperative period, with the exception of those cases in which the patient cannot bear weight or exercise on his own. The ODG does recommend CPM use after surgery in specific circumstances, and for specific time period. If inpatient after one of the following procedures, the maximum period of use approved is 21 days (4-10 days most useful): total knee arthroplasty (primary or revision), ACL reconstruction, Open reduction with internal fixation for tibial plateau or distal femur fractures that involve the knee joint. If outpatient after one of the above procedures, and if at risk for low postoperative mobility, then CPM may be recommended for up to 17 days home use after surgery. The following increase risk for low postoperative mobility: complex regional pain syndrome, extensive joint or tendon fibrosis, physical/mental/behavioral inability to participate in active physical therapy, and total knee arthroplasty revision. For the patient of concern, the records do not indicate a length of time that the CPM is to be used. Furthermore, there is no documentation that patient will require immobility postoperatively, so he should be able to participate in active physical therapy which would be most beneficial based on the evidence. He did have a complicated surgical procedure, and ACL reconstruction so may meet the above criteria to use CPM at home, but not for unlimited time period. As the request does not specify a time period of use, the request to purchase CPM device is not medically necessary.