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| Case Number: | CM14-0202242 | | |
| Date Assigned: | 12/12/2014 | Date of Injury: | 12/26/2004 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/03/2014 |

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 Practice and is licensed to practice in North Carolina. 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 46-year-old with a reported injury date of 12/26/2004. The patient has the diagnoses of status post joint replacement of the knee and status post joint replacement of the hip. Per the progress reports from the primary treating physician dated 10/15/2014, the patient had persistent pain in the right thigh that is unchanged from previous visit. The patient underwent a right TKA on 07/29/2014 and a right THA on 11/26/2013. The physical exam noted some mild swelling in the right knee with decreased range of motion. An MRI of the right knee dated 10/09/2014 showed focal cortical thickening anteriorly near the tip of the femoral stem of the right knee prosthesis. The treatment plan recommendations included resting the hip for 4-6 weeks for suspected stress fracture and then resuming physical therapy as well as a knee MUA due to lack of progress in the knee range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Machine Purchase: 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)

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty 2. Anterior cruciate ligament reconstruction 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The patient is over 21 days post-operative from right knee TKA. Therefore per the ODG, continuous passive motion devices are no longer recommended. The request is thus not certified.