

Case Number:	CM14-0202490		
Date Assigned:	12/15/2014	Date of Injury:	01/24/2013
Decision Date:	02/05/2015	UR Denial Date:	11/03/2014
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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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 43 year old female with an injury date of 01/24/13. Based on the 10/08/14 progress report, the patient complains of left knee pain located at the lateral side of the knee. The pain subsided by switching to medial side of the knee with the same severe intensity. There was tenderness at the lateral malleolar with lateral immobility. Treatment plan includes medical clearance. The patient remained off work, temporarily and totally disabled until 11/19/14. The diagnosis is right ankle complete rupture of lateral ligament. Based on the 8/26/14 report, the patient complains of pain in left knee, right ankle, bilateral shoulders, low back, left hip, and left thigh. The physical exam shows positive McMurray's test and positive medial and lateral joint line tenderness. There is tenderness over the lateral malleolus and there is lateral instability of the right ankle with completely ruptured lateral ligament. MRI of left knee dated 08/17/14 showed: 1. Degenerative arthritis 2. Extrusion of body and anterior horn of medial meniscus 3. Intramuscular lipoma in proximal part of popliteus muscle 4. Marrow reconversion in distal femur, proximal tibia and fibula 5. Wiberg type II patella showing lateral subluxation The diagnoses include following: 1. Laterally instable right ankle with positive MRI for complete rupture of the lateral ligament 2. Internal derangement right ankle 3. Strain/Sprain right knee internal derangement, positive MRI 4. Status post left knee arthroscopic surgery, 09/21/13, with positive MRI arthrogram findings of the lateral subluxation and degenerative arthritis, dated 08/14/14. 5. Strain/sprain lumbar spine with herniated lumbar disk with L4, L5, and S1 radiculopathy, greater on the left. 6. Anxiety and depression 7. Sleep Apnea-Insomnia 8. Exogenous Obesity The treating physician is requesting for Ankle CPM of 6week rental and CPM pad purchase per 10/25/14 report. The utilization review

letter determination being challenged is dated 11/03/14. The requesting physician provided treatment reports from 07/15/14-11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ankle CPM, 6 week rental: 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, Continuous Passive Motion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous passive motion (CPM).

Decision rationale: This patient presents with right ankle complete rupture of lateral ligament. The request is for Ankle CPM of 6 week rental. The patient is being considered for ankle ligament repair surgery. The utilization denial letter states "there is insufficient information for the use of a continuous passive motion machine for this type of surgery in routine postoperative management." Regarding CPM, ODG guideline, knee and leg chapter states "Recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements." There is no discussion regarding CPM unit following ankle surgery. In this case, the treater has asked for the use of CPM unit following ankle ligament repair surgery. There is no discussion regarding the use of this unit for the ankle on ODG or other guidelines. CPM unit is supported for post-op knee surgery. The request IS NOT medically necessary.

CPM pad kit 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, Knee & Leg, Continuous Passive Motion

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous passive motion (CPM).

Decision rationale: This patient presents with right ankle complete rupture of lateral ligament. The request is for CPM pad kit purchase. The patient is being considered for ankle ligament repair surgery. The utilization denial letter states "there is insufficient information for the use of a continuous passive motion machine for this type of surgery in routine postoperative management." Regarding CPM, ODG guideline, knee and leg chapter states "Recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements." There is no discussion regarding CPM

unit following ankle surgery. In this case, the requested CPM unit is not indicated and the pat kit would not be needed. The request IS not medically necessary.