

Case Number:	CM14-0207177		
Date Assigned:	12/19/2014	Date of Injury:	01/31/2008
Decision Date:	02/11/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Sports 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 injured worker is a 72-year-old male who reported an injury on 02/08/2003. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of osteoarthritis of the left knee and postop total knee arthroplasty on 08/15/2014. Past medical treatments consist of surgery, physical therapy, and medication therapy. Medications consist of Celebrex. Diagnostics consist of an MRI which revealed complete tear of the reconstruction. The injured worker underwent reconstructive knee surgery on 08/15/2014. On 10/23/2014, the injured worker complained of some knee pain. It was noted that he joined a gym to exercise and was feeling better. Physical examination of the left knee revealed a healed incision. The injured worker was able to fully extend his knee and flex to at least 90 degrees. Medical treatment plan is for the injured worker to undergo total right knee replacement. He is to continue with postop exercise for his left knee. The request is for a postop CPM machine 4 day rental. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative CPM 14 day 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 (Acute & Chronic), 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, Continuous passive motion (CPM).

Decision rationale: The request for postop CPM 4 day rental is not medically necessary. The Official Disability Guidelines recommend CPM machines for 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. Criteria for the use of the machines are postoperative total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures. Guidelines recommend for up to 17 days home use after surgery. It was noted in the submitted documentation that the injured worker had undergone left knee arthroscopy. It was noted that he was feeling less pain with physical therapy and the use of a gym membership. It was noted that there was a recommendation for right total knee replacement. The Official Disability Guidelines do recommend the use of a CPM machine for knee surgery. However, there was no indication in the submitted documentation of a scheduled surgery for the injured worker's right knee. In addition, the request as submitted did not specify whether the machine is supposed to be for hospital use or home use. Given the above, the injured worker is not within the recommended guideline criteria. As such, the request is not medically necessary.