

Case Number:	CM14-0041507		
Date Assigned:	06/27/2014	Date of Injury:	07/24/2011
Decision Date:	02/18/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 68 year old male with an injury date of 07/24/14. Based on the 01/09/13 progress report provided by treating physician, the patient complains of bilateral knee pain, right worse than left (left knee pain secondary to favoring right leg). Patient is status post right total knee arthroplasty on 12/14/13. Physical examination dated 01/09/14 well healing surgical scar without drainage or excessive swelling. Most recent progress report dated 01/09/14 notes were hand written and largely illegible. Range of motion values were not provided. Progress reports do not specify patient's current medication regimen. Diagnostic imaging included pre-operative X-ray noting "moderate to severe osteoarthopathy changes, particularly the medial compartment", no post-operative diagnostic imaging was provided with the report. Patient is retired. Diagnosis 01/09/14- Prior right knee surgery- Right knee pain (status post surgery 12/14/13)[sic]- Left knee strain The utilization review determination being challenged is dated 03/17/14. The rationale is "There is no subjective or objective documentation submitted with the request supporting the medical necessity of these requests. No call back was received and no additional information was submitted." Treatment reports were provided from 09/03/13 to 01/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion pad/sheepskin pad: 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 and leg, continuous pasive motion (CPM)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under Continuous Passive Motion (CPM)

Decision rationale: The patient presents with bilateral knee pain, right worse than left (left knee pain secondary to favoring right leg). Patient is status post right total knee arthroplasty on 12/14/13. The request is for CONTINUOUS PASSIVE MOTION PAD/SHEEPSKIN PAD. Physical examination dated 01/09/14 well healing surgical scar without drainage or excessive swelling. Most recent progress report dated 01/09/14 notes were hand written and largely illegible. Range of motion values were not provided. Progress reports do not specify patient's current medication regimen. Diagnostic imaging included pre-operative X-ray noting "moderate to severe osteoarthropathy changes, particularly the medial compartment", no post-operative diagnostic imaging was provided with the report. Patient is retired. ODG Knee chapter, under Continuous Passive Motion (CPM), criteria for the use of continuous passive motion devices states: "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, but either OK if #1 applies."Treater has not provided a reason for continued use of CPM device at home, let alone a reason for a sheepskin cover. Patient's surgical procedure would ordinarily meet the criteria for a CPM device post-operatively to reduce swelling, improve range of motion, and improve overall outcome. However, the patient's surgery took place on 12/14/13, therefore the request is well outside the 17 day period of use specified by ODG guidelines. The request IS NOT medically necessary.

Continuous passive motion - knee for 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 and leg, continuous passive motion (CPM), criteria for use of continuous passive motion devices

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee chapter, under Continuous Passive Motion (CPM)

Decision rationale: The patient presents with bilateral knee pain, right worse than left (left knee pain secondary to favoring right leg). Patient is status post right total knee arthroplasty on 12/14/13. The request is for CONTINUOUS PASSIVE MOTION - KNEE FOR RENTAL. Physical examination dated 01/09/14 well healing surgical scar without drainage or excessive

swelling. Most recent progress report dated 01/09/14 notes were hand written and largely illegible. Range of motion values were not provided. Progress reports do not specify patient's current medication regimen. Diagnostic imaging included pre-operative X-ray noting "moderate to severe osteoarthropathy changes, particularly the medial compartment", no post-operative diagnostic imaging was provided with the report. Patient is retired. ODG Knee chapter, under Continuous Passive Motion (CPM), criteria for the use of continuous passive motion devices states: "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, but either OK if #1 applies.Treater has not provided a reason for continued use of CPM device at home. Patient's surgical procedure would ordinarily meet the criteria for a CPM device post-operatively to reduce swelling, improve range of motion, and improve overall outcome. However, the patient's surgery took place on 12/14/13, therefore the request is well outside the 17 day period of use specified by ODG guidelines. The request IS NOT medically necessary.