

Case Number:	CM15-0009738		
Date Assigned:	01/27/2015	Date of Injury:	10/17/2011
Decision Date:	03/24/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/16/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 61-year-old male who reported an injury on 10/17/2011 due to an unspecified mechanism of injury. On 12/18/2014, he presented for a followup evaluation. He reported 10/10 right knee pain. He noted his left knee pain to be similar to the right, but less intense. It was noted that he had a total knee arthroplasty a couple of years prior to the examination, and there were many complications. He had improved with time, but was not pain free. A physical examination of the right knee showed a noticeable limp and deranged gait, as well as exquisite pain to palpation of the anterior medial knee at the pes anserine bursa on the right. Range of motion was decreased and painful with extension at 0 degrees and flexion at 90 degrees. There was tenderness to palpation of the anterior knee, lateral knee, medial knee, and posterior knee. McMurray's was positive, Valgus was positive, anterior drawer was positive, and palpation of the pes anserine showed severe local pain. The left knee showed swelling around the left patella tendon and ranges of motion were decreased and painful to 0 degrees to 90 degrees. There was tenderness to palpation of the anterior knee, inferior border of the patella, and medial joint line. McMurray's was positive, Valgus caused pain, Clark's was positive, and patellar tendon swelling and pain were noted to palpation. He was diagnosed with abnormality of gait, pes anserinus tendinitis bursitis, right and left knee internal derangement, right and left knee pes anserinus tendinitis, and status post surgery of the left knee. The treatment plan was for durable medical equipment rental of a CPM machine for 3 months. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment Rental: CPM Machine x Three Months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Official Disability Guidelines indicate that continuous passive motion is recommended for home use up to 7 days following a surgery for those who are at risk for a stiff knee or are immobile and unable to bear weight. Based on the clinical documentation submitted for review, the injured worker was not noted to be immediately postop to support the request for a CPM machine rental. Also, the request for continuous passive motion machine rental for 3 months exceeds the guideline recommendations. No exceptional factors were noted to support exceeding the guidelines, and therefore, the request would not be supported. Given the above, the request is not medically necessary.