

Case Number:	CM15-0101764		
Date Assigned:	06/04/2015	Date of Injury:	05/06/2012
Decision Date:	07/08/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 44 year old female patient, who sustained an industrial injury on 5/6/12. The diagnoses include closed dislocation of patella and sprain/strain of knee. She sustained the injury when someone ran into her with flatbed cart. Per the note dated 4/2/15, she had complains of left knee pain and right knee pain following right knee arthroscopy and MPFL reconstruction 7/17/13. Physical exam noted mild anterior medial joint line tenderness, mild posterior medial joint line tenderness, moderate medial patella tenderness, marked medial patellar retinaculum tenderness and marked medial patellar retinaculum tenderness of left knee and physical exam of right knee revealed patellar crepitus, healed incision and no tenderness to palpation. The medications list includes naproxen, tramadol and famotidine. She has had magnetic resonance imaging of left knee on 3/31/15 which revealed radial tear posterior horn root attachment medial meniscus with developing peripheral meniscal extrusion. She has undergone right knee arthroscopy and MPFL reconstruction on 7/17/2013. She has had Kneehab, braces for knees, oral anti-inflammatory medication, physical therapy and home exercise program. Patient was authorized for left knee medial menisectomy and debridement on 4/20/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

28 days of continuous passive motion for left: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 05/05/15) Continuous passive motion (CPM).

Decision rationale: Request; 28 days of continuous passive motion for left knee. Per the cited guidelines, regarding CPM device criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary). (2) Anterior cruciate ligament reconstruction (if inpatient care). (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005) 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. Patient was authorized for left knee medial meniscectomy and debridement on 4/20/15. Cited guidelines recommended post op use of CPM device, in the acute hospital setting, for 4-10 consecutive days (no more than 21) for use after the above mentioned surgeries. The requested days for CPM use is more than the recommended cited criteria. In addition, evidence of extensive surgeries like total knee replacement or ACL reconstruction, Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint, is not specified in the records provided. Presence of conditions of low postoperative mobility or inability to comply with rehabilitation exercises, extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy is not specified in the records provided. Status of the patient after surgery is not specified in the records provided. Response to post op conservative therapy including physical therapy visits is not specified in the records provided. The medical necessity of 28 days of continuous passive motion for the left knee is not fully established for this patient.