

Case Number:	CM15-0135066		
Date Assigned:	07/23/2015	Date of Injury:	09/21/2007
Decision Date:	08/19/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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
 Certification(s)/Specialty: Emergency Medicine

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 60-year-old male who sustained an industrial injury on 9/21/2007 resulting in bilateral knee pain. He was diagnosed with chondromalacia of the patella. Treatment has included left physical therapy, rest, and medication. As of report of 5/7/2015, injured worker was two days post op from micro-fracture surgery of the left knee. The treating physician's plan of care includes continuous passive motion machine rental for 21 days for the left knee and purchase of kneepad. Per 5/7/2015 report, he is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Knee pad (purchase) for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic), Continuous passive 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 and Leg, Continuous Passive Motion.

Decision rationale: The requested CPM Knee pad (purchase) for the left knee, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address this request. Official Disability Guidelines (ODG), Knee & Leg chapter, Continuous Passive Motion, state: "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." The injured worker was two days post op from micro-fracture surgery of the left knee. The treating physician has not documented the medical necessity for use of this device beyond the referenced guideline recommended time period of 17 days post-op for home use. The criteria noted above not having been met, CPM Knee pad (purchase) for the left knee is not medically necessary.

CPM machine rental (rental x 21 days) for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg (Acute & Chronic), Continuous passive 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 and Leg, Continuous Passive Motion.

Decision rationale: The requested CPM machine rental (rental x 21 days) for the left knee is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address this request. Official Disability Guidelines (ODG), Knee & Leg chapter, Continuous Passive Motion, state: "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." The injured worker was two days post op from micro-fracture surgery of the left knee. The treating physician has not documented the medical necessity for use of this device beyond the referenced guideline recommended time period of 17 days post-op for home use. The criteria noted above not having been met, CPM machine rental (rental x 21 days) for the left knee is not medically necessary.