

Case Number:	CM15-0148048		
Date Assigned:	08/10/2015	Date of Injury:	03/17/2015
Decision Date:	09/15/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/30/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a [REDACTED] beneficiary who has filed a claim for knee pain reportedly associated with an industrial injury of March 17, 2015. In a Utilization Review report dated July 15, 2015, the claims administrator failed to approve a request for a continuous passive motion device. The claims administrator referenced a June 30, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 29, 2015, the applicant reported ongoing complaints of left knee pain, dull and mild. The applicant had no known surgical history and denied any history of diabetes. The applicant exhibited a positive anterior and drawer sign about the injured left knee. 5/5 left knee strength was appreciated. The applicant was described as exhibiting a "normal gait," the treating provider reported. The applicant was given work restrictions. Surgical intervention was apparently pending. In a June 23, 2015 orthopedic note, the applicant's orthopedic knee surgeon stated that the applicant had ongoing issues with knee pain attributed to an ACL tear, meniscal tear, and intra-articular loose body. A knee arthroscopy with debridement, loose body removal, ACL reconstruction, and partial meniscectomy was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: 21 day use of a continuous passive motion device: 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) (2015).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Knee Disorders, 3rd ed., pg. 816.

Decision rationale: The proposed 21-day usage of a continuous passive motion in conjunction with a planned knee ACL reconstruction procedure was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Knee Chapter notes that continuous passive motion (CPM) was not recommended for routine use following knee arthroplasty surgery or, by analogy, the knee ACL reconstruction surgery planned here. Rather, ACOEM notes that continuous passive motion may be useful for select, substantially inactive applicants postoperatively. Here, however, the applicant was described on a June 29, 2015 office visit as exhibiting a normal gait. The applicant was full weight bearing, it was reported on that date. The applicant's normal preoperative gait, thus, effectively argued against the need for usage of the CPM device at issue postoperatively. Therefore, the request was not medically necessary.