

Case Number:	CM15-0148257		
Date Assigned:	08/11/2015	Date of Injury:	09/05/2001
Decision Date:	09/11/2015	UR Denial Date:	06/30/2015
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 represented 52-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of September 5, 2001. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve a request for a continuous passive motion (CPM) device. The claims administrator referenced an RFA form and an associated progress note of June 23, 2015 in its determination. The claims administrator apparently partially approved the CPM device rental as a 7-day rental of the same. The claims administrator framed the request as a request for postoperative CPM following a planned total knee arthroplasty procedure. On July 21, 2015, the attending provider sought authorization for a total knee arthroplasty, subcutaneous Lovenox, and Percocet to ameliorate ongoing issues with 9/10 knee pain. The applicant had comorbidities including diabetes, it was reported. The applicant was obese, standing 5 feet 4 inches tall, weighing 215 pounds. Limited knee range of motion from -5 to 130 degrees was appreciated with associated joint line tenderness and a small effusion. In an earlier note dated June 25, 2015, the applicant was again asked to pursue a right knee total knee arthroplasty owing to bone-on-bone lateral compartmental knee arthritis. Lovenox, postoperative physical therapy, a cooling device, a walker, Oxycodone, Norco, a shower chair, and the CPM device at issue were sought for postoperative use purposes. The applicant was again described as obese with a height of 5 feet 4 inches and weight of 215 pounds. The applicant exhibited joint line tenderness and an effusion. The applicant's gait was not clearly described or characterized. The applicant did report issues with standing, walking, and negotiating stairs. The applicant's gait and overall preoperative levels were not clearly characterized. On May 22, 2015, it was

stated that applicant had successfully lost 7 pounds. The applicant was asked to pursue a total knee arthroplasty. On April 13, 2015, the applicant was described as ambulating with the aid of a single-point cane. The applicant exhibited a visibly antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine times 14 days: Overturned

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 Chapter.

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

Decision rationale: Yes, the CPM device rental for 14 days was medically necessary, medically appropriate, and indicated here. The MTUS does not address the topic. While the third edition ACOEM Guidelines Knee Chapter notes that continuous passive motion is not recommended for routine use for knee arthroplasty applicants, ACOEM qualifies its position by noting that continuous passive motion procedure may be useful for select, substantially physically inactive applicants postoperatively. Here, the applicant was described on April 13, 2015 as an obese individual requiring usage of a cane to move about. The applicant exhibited a visibly antalgic gait on that date, it was suggested. In a later note dated May 22, 2015 and June 22, 2015, it was again noted that the applicant had difficulty standing, walking, and negotiating stairs. Multiple progress of mid-2015 also suggested that the applicant was an obese and inactive individual. The information on file, thus, did support the proposition that the applicant was a substantially inactive individual who would have benefited from usage of the CPM device postoperatively, as suggested by ACOEM. Therefore, the request was medically necessary.