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| Case Number: | CM15-0164848 | | |
| Date Assigned: | 09/02/2015 | Date of Injury: | 05/14/2012 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: North Carolina
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:

The injured worker is a 63-year-old male, who sustained an industrial injury on 5-14-12. The injured worker has complaints of right knee pain. The documentation noted that the swelling of the right knee has decreased, as has the erythema. The diagnoses have included ankylosis of joint, lower leg. Treatment to date has included right total knee replacement and insertion of a spacer on 7-13-15; injections and medications. The request was for knee continuous passive motion x 21-day rental extension (date of service 8-11-15 to 8-31-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee CPM x 21 day rental extension (DOS: 8/11//15 - 8/31/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg (updated 07/10/15).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee, CPM.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states CPM machines are recommended after knee surgery for a period of 21 days. Request is for a continuation of the CPM device. This does not meet guideline recommendations and therefore the request is not medically necessary.