

Case Number:	CM15-0183410		
Date Assigned:	09/24/2015	Date of Injury:	08/24/2011
Decision Date:	10/29/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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 33 year old male, who sustained an industrial injury on 8-24-2011. The medical records indicate that the injured worker is undergoing treatment for recurrent instability with ACL tear of the left knee. According to the progress report dated 8-26-2015, the injured worker reported that he continues to experience giving way symptoms of his left knee. He notes that it is interfering with his daily activities and he is no longer willing to live with his knee as it is. The physical examination of the left knee reveals positive anterior drawer, Lachman, and pivot shift. Range of motion is 0 to 125 degrees. No tenderness or laxity over the collateral ligaments, negative McMurray's sign. He is not currently taking any medications. Previous diagnostic studies include MRI of the left knee. Treatments to date include physical therapy. Work status is described as working without restrictions. Per notes, he has elected to proceed with ACL reconstruction surgery. On 11-17-2014, there is a certification notice for ACL reconstruction with autograft of the left knee. The original utilization review (9-4-2015) had non-certified a request for continuous passive motion (CPM) unit post-operative for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) unit post-operative 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, Knee Chapter, Criteria for the use of continuous passive motion devices.

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 Continuous passive motion (CPM) unit post-operative 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 has the left knee which reveals positive anterior drawer, Lachman, and pivot shift. Range of motion is 0 to 125 degrees. No tenderness or laxity over the collateral ligaments, negative McMurray's sign. He is not currently taking any medications. Previous diagnostic studies include MRI of the left knee. Treatments to date include physical therapy. Work status is described as working without restrictions. Per notes, he has elected to proceed with ACL reconstruction surgery. On 11-17-2014, there is a certification notice for ACL reconstruction with autograft of the left knee. The original utilization review (9-4-2015) had non-certified a request for continuous passive motion (CPM) unit post-operative for the left knee. The treating physician has not documented the medical necessity for a CPM unit beyond referenced guideline recommended time periods. The criteria noted above not having been met, Continuous passive motion (CPM) unit post-operative for the left knee is not medically necessary.