

Case Number:	CM15-0184109		
Date Assigned:	10/01/2015	Date of Injury:	08/27/1999
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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 68-year-old male who sustained an industrial injury on 8-27-99. The injured worker reported bilateral knee pain. A review of the medical records indicates that the injured worker is undergoing treatments for right total knee arthroplasty. Medical records dated 7-20-15 indicate, "knee feels painful and it pops." Treatment has included left knee magnetic resonance imaging (5-19-15), injection therapy, radiographic studies, Lidoderm and Voltaren. Objective findings dated 7-20-15 were notable for minimal effusion and wounds healed. The original utilization review (9-2-15) denied a request for Knee continuous passive motion (CPM) machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee continuous passive motion (CPM) machine: 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 & Leg chapter.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty 2. Anterior cruciate ligament reconstruction 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The ODG states only for use up to 21 days postoperatively. The patient is status post TKA. The request is in excess and therefore cannot be certified for indefinite periods of time. The request is not medically necessary.