MAXIMUS Federal Services

Case Number:	CM15-0190061		
Date Assigned:	10/02/2015	Date of Injury:	01/08/2014
Decision Date:	11/10/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/28/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 68 year old female, who sustained an industrial injury on 1-8-14. She reported left knee pain. The injured worker was diagnosed as having left knee pain rule out tear of the medial and lateral menisci and possible tear of the anterior cruciate ligament. Treatment to date has included left knee ACL reconstruction on 7-15-15, use of a knee brace, at least 8 physical therapy sessions, a Cortisone injection, and medication including Tramadol. On 9-3-15 physical examination findings included left knee effusion, positive Lachman's test, and positive anterior drawer test. On 9-3-15, the injured worker complained of left knee pain. The treating physician requested authorization for a continuous passive motion unit and Thermacure unit for 30-day rental, continuous passive motion pad and Thermacure pad for purchase, and wheelchair LT with elevating leg rests for 30-day rental. On 9-15-15 the requests were non-certified. Therefore, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM Unit and Thermacure Unit for 30 Day Rental: 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).

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 section, Continuous passive motion (CPM).

Decision rationale: Pursuant to the Official Disability Guidelines, CPM unit and Theracure unit for 30-day rental is not medically necessary. Continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to four weeks/5 days per week. For rotator cuff tears, CPM is not recommended after shoulder surgery for nonsurgical treatment. Continuous passive motion for the knee, is recommended for in-hospital use or for home use in patients at risk for a stiff knee based on demonstrated compliance and measured improvements. Routine use of CPM (home use) has minimal benefit. 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 total knee arthroplasty, ACL reconstruction, and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. This may include patients with complex regional pain syndrome; extensive arthrofibrosis; physical, mental or behavioral inability to participate in physical therapy and revision of total knee arthroplasty. In this case, the injured worker's working diagnosis is status post five weeks left knee ACL reconstruction with Achilles allograft. Date of injury is January 8, 2014. Request for authorization is September 1, 2015. The injured worker underwent left knee arthroscopy, partial medial meniscectomy, partial lateral mastectomy and interior cruciate ligament reconstruction with Achilles tendon allograft on July 15, 2015. According to a pre-surgical progress note, the treating provider requested an ACL brace to wear after surgery and crutches with TED stockings. After surgery, the injured worker was to continue continuous passive motion (CPM). According to a progress note dated August 20, 2015, the injured worker is five weeks status post ACL reconstruction. The injured worker is weight bearing with a walker and ambulates with careful assistances. There is no documentation the injured worker cannot self propel a standard wheelchair and thereby requires a light wheelchair. The guidelines recommend CPM for 17 days after surgery. The documentation indicates the injured worker is still using the CPM five weeks after surgery. There are no compelling clinical facts to support prolonged use. There is no clinical rationale for CPM prolonged use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating CPM was continued in excess of the 17 day guideline recommendations with no rationale for its prolonged use, CPM unit and Theracure unit for 30-day rental is not medically necessary.

CPM Pad and Thermacure Pad for Purchase: 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).

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 section, Continuous passive motion (CPM).

Decision rationale: Pursuant to the Official Disability Guidelines, CPM pad and Theracure pad for purchase is not medically necessary. Continuous passive motion is not recommended for shoulder rotator cuff problems, but recommended as an option for adhesive capsulitis, up to four weeks/5 days per week. For rotator cuff tears, CPM is not recommended after shoulder surgery for nonsurgical treatment. Continuous passive motion for the knee, is recommended for in-hospital use or for home use in patients at risk for a stiff knee based on demonstrated compliance and measured improvements. Routine use of CPM (home use) has minimal benefit. 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 total knee arthroplasty, ACL reconstruction, and open reduction internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. This may include patients with complex regional pain syndrome; extensive arthrofibrosis; physical, mental or behavioral inability to participate in physical therapy and revision of total knee arthroplasty. In this case, the injured worker's working diagnosis is status post five weeks left knee ACL reconstruction with Achilles allograft. Date of injury is January 8, 2014. Request for authorization is September 1, 2015. The injured worker underwent left knee arthroscopy, partial medial meniscectomy, partial lateral mastectomy and interior cruciate ligament reconstruction with Achilles tendon allograft on July 15, 2015. According to a pre-surgical progress note, the treating provider requested an ACL brace to wear after surgery and crutches with TED stockings. After surgery, the injured worker was to continue continuous passive motion (CPM). According to a progress note dated August 20, 2015, the injured worker is five weeks status post ACL reconstruction. The injured worker is weight bearing with a walker and ambulates with careful assistances. There is no documentation the injured worker cannot self propel a standard wheelchair and thereby requires a light wheelchair. The guidelines recommend CPM for 17 days after surgery. The documentation indicates the injured worker is still using the CPM five weeks after surgery. There are no compelling clinical facts to support prolonged use. There is no clinical rationale for CPM prolonged use. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation indicating CPM was continued in excess of the 17 day guideline recommendations with no rationale for its prolonged use, CPM unit and Theracure unit 30 day rental is not medically necessary. The CPM unit and Theracure unit 30 day rental is not medically necessary by exceeding the recommended guidelines (17 days) and therefore CPM pad and Theracure pad for purchase is not medically necessary.

Wheelchair LT with Elevating Leg Rests, 30 Day Rental: 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).

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 section, Wheelchair.

Decision rationale: Pursuant to the Official Disability Guidelines, wheelchair LT with elevating leg rests, 30-day rental is not medically necessary. The guidelines recommend a manual wheelchair if the patient requires and will use a wheelchair to move around the residence and it

is prescribed by a physician. A lightweight wheelchair is recommended if the patient cannot adequately self-propel (without being pushed) in a standard weight manual wheelchair and the patient would be able to self propel in the lightweight wheelchair. In this case, the injured worker's working diagnosis is status post five weeks left knee ACL reconstruction with Achilles allograft. Date of injury is January 8, 2014. Request for authorization is September 1, 2015. The injured worker underwent left knee arthroscopy, partial medial meniscectomy, partial lateral mastectomy and interior cruciate ligament reconstruction with Achilles tendon allograft on July 15, 2015. According to a pre-surgical progress note, the treating provider requested an ACL brace to wear after surgery and crutches with TED stockings. After surgery, the injured worker was to continue continuous passive motion (CPM). According to a progress note dated August 20, 2015, the injured worker is five weeks status post ACL reconstruction. The injured worker is weight bearing with a walker and ambulates with careful assistances. There is no documentation the injured worker cannot self propel a standard wheelchair and thereby requires a light wheelchair. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation the injured worker cannot self-propelled a standard wheelchair, a progress note dated August 20, 2015 indicating a cane will be prescribed, and no clinical rationale for a light wheelchair, wheelchair LT with elevating leg rests, 30 day rental is not medically necessary.