

Case Number:	CM15-0190547		
Date Assigned:	10/02/2015	Date of Injury:	12/09/2014
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 57 year old female who sustained an industrial injury on December 09, 2014. A primary treating office visit dated August 14, 2105 reported subjective complaint of "a lot" of pain in the bilateral knees that has increased since the last visit. The diagnostic impression noted: bucket handle tear of the medial meniscus with displaced fragment; free edge tear, right knee; moderate arthrosis of the medial compartment; chondral defect of the lateral compartment and central trochlear chondral fissuring right knee; slight lateral subluxation of the patella bilaterally, more evident of the left; vertical peripheral longitudinal tear of the body posterior horn junction of the medial meniscus left knee; transverse fracture of the inferior pole of the patella, left knee, and patellar tendon strain tendonitis, left knee. There is note of Supartz injections authorized but the worker is not interested and wishes to proceed with surgical intervention, bilateral knee arthroscopy. The plan of care is with requesting recommendation for bilateral arthroscopy and repair of knees, post-operative medications, physical therapy, durable medical equipment continuous passive motion unit; along with pre-operative clearance. Orthopedic follow up dated March 11, 2015 reported chief complaint of "left knee pain." On August 27, 2015 a request was made for durable medical equipment continuous passive motion unit for 30 day rental which was noncertified by Utilization Review on September 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM rental x 30 days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. As the guideline criteria have not been met the determination is not medically necessary.