

Case Number:	CM15-0020588		
Date Assigned:	02/10/2015	Date of Injury:	01/17/2013
Decision Date:	03/26/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey, New York
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 52 year old male who sustained a work related injury to both knees January 17, 2013. Past history included a right total knee replacement, rotator cuff repair, hypertension and high cholesterol. On January 12, 2015, he underwent a left total knee replacement with a diagnosis of degenerative arthritis, left knee. According to a primary treating physician's report dated January 23, 2015, the injured worker presented complaining of left knee pain, presently 11 days post-op and taking Norco for pain. The wound site looks good, moderately stiff without erythema. The treatment plan includes outpatient physical therapy three times a week for four weeks and a request for a CPM machine for home use for (6) weeks. According to utilization review dated February 3, 2015, the request for CPM (continuous passive motion) machine for home use QTY: 6 is non-certified, citing Official Disability Guidelines (ODG) Knee & Leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM machine for home use (in weeks) quantity 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee & Leg

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 devices

Decision rationale: The request is considered not medically necessary. Because MTUS does not cover these guidelines, ODG was referenced. For home use, CPM would be indicated if the patient had low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty due to physical, mental, or behavioral disability, complex regional pain syndrome, or tendon fibrosis, etc. The patient was not documented to have any of these conditions and there is no reason why he would be unable to perform rehabilitation exercises. Therefore, the request is considered not medically necessary.