

Case Number:	CM15-0022047		
Date Assigned:	02/11/2015	Date of Injury:	06/16/2010
Decision Date:	04/06/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female who sustained an industrial related injury on 6/16/10. The injured worker had complaints of right knee pain. The diagnosis was osteoarthritis of the medial compartment of the right knee end stage. Physical examination findings included negative McMurray, anterior Drawer, and Lachman's tests. Patellar grind and patellar apprehension tests were negative. No medial or lateral joint line tenderness was present and passive extension was painless. Treatment included physical therapy, arthroscopy with three-compartment synovectomy, patellofemoral chondroplasty, and partial medial meniscectomy on 5/8/11, Synvisc injections in June 2012 and in March 2013, and a right total knee replacement on 11/11/13. The treating physician requested authorization for retrospective continuous passive motion machine and retrospective continuous passive motion pads. On 1/23/15 the requests were non-certified. The utilization review physician cited the Official Disability Guidelines and noted that given the injured worker's surgery was performed on 11/11/13 the use of a continuous passive motion machine would not be congruent with guideline recommendations after 11/21/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for unknown CPM (Continuous passive motion) between 11/25/2013 and 12/13/2013: 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 and Leg (Acute and Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Martin GM, et al. Total knee arthroplasty. Topic 7967, version 14.0. UpToDate, accessed 04/01/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature and accepted Guidelines strongly support treatment after a total knee arthroplasty with a well-structured physical therapy program. Such a program should include elements of improving range of motion, muscle strengthening, therapy on walking, and improved function. While continuous passive motion devices are often used after surgery, recent literature has not shown significant benefits. The submitted and reviewed records indicated the worker was experiencing right knee pain. The worker had treatment with surgery in 11/2013. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for continuous passive motion therapy for the date of service 11/25/2013 through 12/13/2013 is not medically necessary.

Retrospective for unknown CPM (Continuous passive motion) pads between 11/25/2013 and 12/13/2013: 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 (Acute&Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Martin GM, et al. Total knee arthroplasty. Topic 7967, version 14.0. UpToDate, accessed 04/01/2015.

Decision rationale: The MTUS Guidelines are silent on this issue. The literature and accepted Guidelines strongly support treatment after a total knee arthroplasty with a well-structured physical therapy program. Such a program should include elements of improving range of motion, muscle strengthening, therapy on walking, and improved function. While continuous passive motion devices are often used after surgery, recent literature has not shown significant benefits. The submitted and reviewed records indicated the worker was experiencing right knee pain. The worker had treatment with surgery in 11/2013. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for continuous passive motion therapy for the date of service 11/25/2013 through 12/13/2013 is not medically necessary.