

Case Number:	CM15-0214785		
Date Assigned:	11/10/2015	Date of Injury:	06/08/2015
Decision Date:	12/29/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/02/2015

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: Minnesota, Florida
 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 43 year old male with an industrial injury date of 06-08-2015. Medical record review indicates he is being treated for left knee probable lateral meniscus tear. Subjective complaints (10-06-2015) included left knee pain, swelling and "giving way episodes." Physical examination (10-06-2015) noted left knee revealed lateral joint line tenderness with a one plus effusion. The treating physician noted: "With the MRI findings noted, he is a candidate for left knee arthroscopy with partial lateral meniscectomy and abrasion chondroplasty or even potential micro fracture to the lateral femoral condyle defect." Prior treatment included modification of activities, anti-inflammatory medications, physical therapy and injections. On 10-26-2015 the associated surgical service: continuous passive motion (CPM) rental (days) Qty: 21 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: continuous passive motion (CPM) rental (days) qty: 21:
 Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC), Knee & Leg (Acute & Chronic) (updated 03/31/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Knee, Topic: continuous passive motion.

Decision rationale: ODG guidelines recommend continuous passive motion devices for home use up to 17 days after a total knee arthroplasty or revision and in patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, and physical, mental, or behavioral inability to participate in active physical therapy. The CPM is not recommended for a partial meniscectomy, chondroplasty, or microfracture. In this case, the injured worker is undergoing arthroscopy with partial meniscectomy, chondroplasty and possible microfracture. There is no documentation of arthrofibrosis. As such, the request for a continuous passive motion machine rental for 21 days is not supported and the medical necessity of the request has not been substantiated.