

Case Number:	CM15-0030478		
Date Assigned:	02/20/2015	Date of Injury:	06/29/2006
Decision Date:	04/08/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/18/2015

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: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational 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 71 year old male, who sustained a work/industrial injury on 6/29/06 due to a fall. He has reported symptoms of left knee pain and decreased range of motion and severe right shoulder pain. Prior history includes surgery to right shoulder x 2 and left total knee arthroplasty in 2009. The diagnoses have included adhesive capsulitis, left knee, right shoulder rotator cuff tear, and gastroesophageal reflux disease (GERD). Treatments to date included physical therapy, right shoulder injection, and medication. Medications included Hydrocodone and Ibuprofen. The treating physician's report (PR-2) from 12/8/14 indicated Empty can, supraspinatus and impingement testing as positive. There was scarring and patellofemoral crepitus on the left. There was mid flexion instability. There was tenderness to the medial and lateral joint line. Left knee range of motion was 0-130 with pain. Left knee flexion and extension was 4/5. The treating physician recommended Magnetic Resonance Imaging (MRI) of the right shoulder, left knee revision surgery, preoperative medical clearance, postoperative physical therapy, cold therapy unit, continuous passive motion machine unit, crutches, knee exercise kit and knee brace. On 1/26/15, Utilization Review non-certified DME: CPM Unit, noting the Official Disability Guidelines (ODG), Treatment in Workers Comp 18th Edition, 2013 Updates, Chapter Knee continuous passive motion machine, and that the requested knee surgery had not been deemed medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: CPM Unit: 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 in Workers Comp 18th Edition, 2013 Updates, Chapter Knee CPM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Continuous passive motion (CPM).

Decision rationale: ODG states "Routine home use of CPM has minimal benefit." ODG recommends time-limited use of CPM in the acute hospital setting following primary or revision total knee arthroplasty (TKA), anterior cruciate ligament reconstruction, or ORIF of tibial plateau or distal femur fractures involving the knee joint. ODG recommends up to 17 days of home use of CPM after surgery while patients at risk of a stiff knee are immobile and unable to bear weight, including patients with CRPS, extensive arthrofibrosis or tendon fibrosis, physical, mental, or behavioral inability to participate in active physical therapy, or TKA. There is no documentation that surgery has been authorized. The most recent available office note documented full range of motion of the left knee. Based upon the submitted clinical documentation, ODG criteria for CPM are not met. Medical necessity is not established for the requested CPM unit.