MAXIMUS Federal Services

Case Number:	CM15-0052231		
Date Assigned:	03/27/2015	Date of Injury:	11/17/2008
Decision Date:	05/01/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/19/2015

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: Illinois, California, Texas
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 59-year-old male who sustained an industrial injury on 11/17/08. The mechanism of injury was not documented. Past surgical history was positive left total knee arthroplasty, and revision left knee arthroplasty. The 1/29/15 physical exam findings documented right knee range of motion 0-130 degrees. The 2/17/15 treating physician report documented on-going right knee pain and disability. Functional limitations were documented in putting on shoes and socks, putting on pants, ascending/descending stairs, kneeling, squatting, and walking on uneven ground. Right knee exam documented a varus alignment with flexion contracture. There was medial and patellofemoral crepitus. X-rays showed complete loss of the medial joint space, significant irregularities of the patellofemoral joint with periarticular spurs and subchondral sclerosis, and the femur was subluxed on the tibia. The diagnosis was advanced degenerative arthritis right knee. The treatment plan recommended right total knee arthroplasty and associated care including a twenty one day rental for a CPM machine. The 3/10/15 utilization review certified a request for right total knee arthroplasty and associated surgical requests for assistant surgeon, 2-day hospital stay, front wheeled walker, 3-in-1 commode, and physical therapy 2x6. The request for CPM (continuous passive motion) machine for 21 day rental was partially certified for 10 days based on the Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: CPM machine 21 day rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344-345.

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 (CPM).

Decision rationale: The California MTUS does not provide recommendations for this device following total knee replacement. The Official Disability Guidelines state that the use of a continuous passive motion (CPM) device may be considered medically necessary in the acute hospital setting for 4 to 10 days (no more than 21 days) following total knee replacement and for home use up to 17 days while the patient at risk of a stiff knee is immobile or unable to bear weight following a primary or revision total knee arthroplasty. The 3/10/15 utilization review partially certified a request for 21-day CPM machine rental to 10 days which is consistent with guidelines. There is no compelling reason to support the medical necessity of CPM use beyond the current certification at this time. There is no current evidence that the patient will be immobile or unable to bear weight in the extended post-operative period. Therefore, this request is not medically necessary.