

Case Number:	CM14-0098176		
Date Assigned:	09/16/2014	Date of Injury:	03/01/2009
Decision Date:	10/15/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 58-year-old male with a 3/1/09 date of injury. At the time (5/15/14) of request for authorization for Continuous passive motion (CPM) device rental, to be used after right total knee arthroplasty surgery, there is documentation of subjective (right knee pain) and objective (palpable effusion, tenderness over the joint lines and trochlea, positive patellofemoral compression test) findings, current diagnoses (osteoarthritis of the lower leg), and treatment to date (medications and physical therapy). Medical report identifies a right total knee arthroplasty that has been authorized/certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) device rental, to be used after right total knee arthroplasty surgery: Upheld

Claims Administrator guideline: The Claims Administrator 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous Passive Motion (CPM)

Decision rationale: MTUS does not address this issue. ODG identifies documentation of any of the following surgeries [total knee arthroplasty; Anterior cruciate ligament reconstruction; Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint], as criteria necessary to support the medical necessity of a continuous passive motion unit for up to 21 consecutive days. Within the medical information available for review, there is documentation of a diagnosis of osteoarthritis of the lower leg. In addition, there is documentation of a right total knee arthroplasty that has been authorized/certified. However, there is no documentation of the timeframe of the requested Continuous passive motion (CPM) device rental. Therefore, based on guidelines and a review of the evidence, the request for Continuous passive motion (CPM) device rental, to be used after right total knee arthroplasty surgery is not medically necessary.