

Case Number:	CM14-0214508		
Date Assigned:	01/07/2015	Date of Injury:	06/25/2014
Decision Date:	02/24/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: New Jersey
 Certification(s)/Specialty: Family Practice

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 worker is a 35 year old male who was injured on 6/25/14 after slipping and falling at work. He was diagnosed with contusion of the face/scalp/neck/knee, headache, visual disturbances, right knee meniscus tear. He was treated with medications, physical therapy, and right knee meniscus repair and anterior cruciate ligament reconstruction (11/11/14). After his surgery, he was treated with cold therapy (21 days) and continuous passive motion (21 days). On 12/8/14, the worker was seen by his primary treating physician reporting using the continuous passive motion at home. The worker was using crutches. Physical examination findings revealed 0-60 degrees motion of the right knee. He was then recommended to continue continuous passive motion therapy for another 30 days as well as continue the "ice machine" (cold therapy) for another 30 days, as they were reportedly "helping."

IMR ISSUES, DECISIONS AND RATIONALES

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

Extension Continuous Passive Motion (CPM) additional days QTY: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines - Knee and Leg (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee and Leg section, Continuous passive motion

Decision rationale: The MTUS Guidelines are silent on the subject of continuous passive motion (CPM) devices for postoperative use. The ODG states that it may be recommended for patients at risk of a stiff knee based on demonstrated compliance and measured improvements, but states that the benefits over regular physical therapy may be small. The ODG lists the criteria for hospital setting use as being: 1. Total knee arthroplasty, 2. Anterior cruciate ligament reconstruction, and 3. Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, the ODG suggests up to 17 days duration of use with the following criteria for use: 1. Low postoperative mobility or inability to comply with rehabilitation exercises following total knee arthroplasty or revision (for patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, or physical, mental, or behavioral inability to participate in physical therapy), and 2. Revision total knee arthroplasty would be better than primary total knee arthroplasty if #1 applies. In the case of this worker, the continuous passive motion device was used postoperatively for 21 days at home, which is more than the recommended duration of use. Continuation for another 30 days is not recommended and would not be considered medically necessary.

Extension cold therapy, QTY: 30.00: 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, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Knee and leg section, continuous flow cryotherapy

Decision rationale: The MTUS Chronic Pain Guidelines do not address specifically water circulating cold/heat pad with pump. The MTUS ACOEM Guidelines mention that at-home local applications of heat or cold for knee pain are as effective as those performed by therapists. The ODG also states that cold/heat packs applied at home are recommended as an option for acute knee pain for the first few days of acute complaints and thereafter as needed with either heat or cold as needed for acute exacerbations. The ODG also states that continuous-flow cryotherapy is recommended as an option after shoulder surgery up to 7 days, but not for nonsurgical treatment. In the case of this worker, he had used the cryotherapy device for 21 days, which is far beyond the recommended duration for post-surgical use. Continuing the cryotherapy device for another 30 days is excessive and not medically necessary.