MAXIMUS Federal Services

Case Number:	CM14-0218509		
Date Assigned:	01/08/2015	Date of Injury:	04/20/2010
Decision Date:	06/01/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
Certification(s)/Specialty: Orthopedic Surgery, Sports 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:

This 53 year old female sustained an industrial related injury on 04/24/2010. The mechanism of injury was the injured worker fell on wet pavement. The surgical history included a right knee arthroscopy on 09/07/2012, a total knee arthroplasty on 09/18/013 and a removal of the total knee arthroplasty that was infected on 10/16/2014. Per the most recent progress report (PR) (11/06/2014), the injured worker reported improvement in symptoms of the right knee. It was noted that the injured worker was status post removal of an infected right total knee replacement and had been on IV antibiotics for 18 days. The incision was noted to be healing with the normal amount induration and no redness. Motor was intact in the right ankle and foot with the ability to perform straight leg raises and partial weight bearing with a walker. The re-insertion of a new knee replacement was planned for 12/05/2014 with an expected 3 day stay. Current diagnoses included status post removal of right total knee. The CPM machine was requested for the desensitizing the knee, and the knee brace for support. Recent treatments included right total knee replacement and removal (10/16/2014) after developing infection, and IV antibiotics. The injured worker reported pain had decreased with the removal of the infected knee replacement. Functional deficits and activities of daily living were worsened with ongoing therapy during this multi-step process. The injured worker's work status was temporarily totally disabled. Dependency on medical care had increased with the need for the prior and future surgical interventions and post-operative therapies. On 12/03/2014, Utilization Review modified a request for right knee neoprene brace wrap around with hinges and straps (6 week rental) which was requested on 11/06/2014. The right knee neoprene brace was modified to right knee

neoprene brace wrap around with hinges and straps (21 day rental) based on exceeding the recommended time frame of 4-10 consecutive days (no more than 21 days). The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of right knee neoprene brace wrap around with hinges and straps (6 week rental). On 12/03/2014, Utilization Review modified a request for continuous passive motion (CPM) machine (6 week rental) which was requested on 11/06/2014. The CPM machine was modified to 21 day rental based on exceeding the recommended time frame of 4-10 consecutive days (no more than 21 days). The ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of a CPM machine (6-week rental).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Knee Neoprene brace wrap around w/ hinges and straps, 6 weeks rental: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot, 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 & Leg Chapter, Knee Brace.

Decision rationale: The Official Disability Guidelines indicate that prefabricated knee braced are appropriate for use with knee instability or a failed total knee arthroplasty. The clinical documentation submitted for review indicated the patient had a painful failed total knee arthroplasty and was to be undergoing a replacement of the total knee after infection. The requested surgical intervention was a revision total knee arthroplasty after infection, which would require longer to heal. Therefore, stabilization of the knee and soft tissues would be imperative for healing. Six weeks would be appropriate. Therefore, the request is medically necessary.

CPM Machine 6 weeks rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle & Foot, 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 & Leg Chapter, Continuous passive motion (CPM).

Decision rationale: The Official Disability Guidelines indicate that a continuous passive motion device is appropriate for up to 21 days following a total knee arthroplasty. There was a lack of

documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the laterality of the body part to be treated and 6 weeks would be excessive. Given the above, and the lack of documented exceptional factors, the request for CPM machine 6 weeks rental is not medically necessary.