

Case Number:	CM15-0017585		
Date Assigned:	02/05/2015	Date of Injury:	11/22/2005
Decision Date:	03/23/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/29/2015

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: California

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 58-year-old male, who sustained an industrial injury on November 22, 2005. The diagnoses have included chronic pain syndrome, left total knee replacement, and diabetes. An office visit dated December 18, 2014 notes dramatic gains in range of motion (ROM) and uses a walker for ambulation. Physical therapy progress notes dated December 29 and 31, 2014 provides the injured worker tolerated therapy well. On January 6, 2015 utilization review non-certified a request for continuous passive motion (CPM) unit 2 month rental. The Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 19, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM)Unit 2 month rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee & Leg Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee

Decision rationale: MTUS Guidelines do not address this issue. ODG Guidelines address this issue in detail and support limited postoperative use of up to 17 days only if there are specific post operative circumstances such as medical risks for arthrofibrosis or an inability participate in physical therapy. This request is not supported by Guidelines based on the length of the request and the circumstances of the request. The Continuous Passive Motion (CPM) 2 month rental is not medically necessary.