

Case Number:	CM15-0110572		
Date Assigned:	06/17/2015	Date of Injury:	11/26/1990
Decision Date:	07/15/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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, Indiana, Oregon
 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 67-year-old male, with a reported date of injury of 11/26/1990. The diagnoses include end stage left knee osteoarthritis. Treatments to date have included oral medications, and a cane. The medical report dated 04/08/2015 indicates that the injured worker continued to have pain in the knee, and he was using a cane regularly. The injured worker remained reluctant to have the left total knee replacement. The objective findings include walking with a cane, the left knee showed effusion, tenderness of the left knee medial joint line, decreased left knee range of motion, mild swelling, and large medial osteophytes. The medical report dated 05/22/2015 indicates that the injured worker was there to follow-up on his left knee injury. He was in the process of getting his cardiac clearance in preparation for his left total knee arthroplasty (replacement). The physical examination showed normal vital signs, slow to arise from chair, normal neurological exam, and normal psychiatric exam. The plan was to proceed with scheduling the left knee surgery, which was considered long overdue. There was no documentation of diagnostic test findings. The treating physician requested continuous passive motion as a related treatment after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (Qty 1): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary post-operatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. In this case the request does not specify a length of rental. Based on this the request is not medically necessary.