

Case Number:	CM15-0111357		
Date Assigned:	06/17/2015	Date of Injury:	01/10/2015
Decision Date:	07/16/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/09/2015

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: Physical Medicine & Rehabilitation

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 (IW) is a 23-year-old female who sustained an industrial injury on 1/10/2015. Diagnoses include lateral meniscal cyst of the right knee and patella tendinitis, right knee, secondary to ambulating in a fixed flexed knee posture. MRI of the right knee on 2/18/15 showed mild chondromalacia of the lateral patellar facet and ganglion cyst and synovitis anterior to the lateral meniscus. Treatment to date has included medications, chiropractic treatment and physical therapy. According to the PR2 dated 4/29/15, the IW reported right knee pain due to a fall. On examination, range of motion of the right knee was +30 degrees extension and 65 degrees flexion, with tenderness to the lateral compartment of the knee and the inferior pole of the patella tendon. Surgical intervention was anticipated, and a request was made for three weeks rental of continuous passive motion post-operatively for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 weeks rental of continuous passive motion post-operatively for the right knee: 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 for Workers' Compensation, online edition, Chapter: Knee & Leg (Acute & Chronic) Continuous Passive Motion.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, Continuous Passive Motion (CPM), pages 292-294.

Decision rationale: The patient is s/p knee arthroscopy with partial lateral meniscectomy and excision of cyst. Although guidelines do not recommend routine home use of CPM as it has minimal benefit, it does support continuous passive motion (CPM) combined with PT as studies have shown some beneficial results compared to PT alone in the short-term rehabilitation following specific surgery up to 17 consecutive days post-surgery in patients at risk for stiffness during immobility or non-weight bearing status, not identified here. Submitted reports have not demonstrated specific indication, extenuating circumstance, or co-morbidities to allow for further use outside the recommendations of the guidelines. The 3 weeks rental of continuous passive motion post-operatively for the right knee is not medically necessary or appropriate.