

Case Number:	CM15-0116229		
Date Assigned:	06/24/2015	Date of Injury:	12/18/2013
Decision Date:	07/23/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/16/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 46 year old male who sustained an industrial injury on 12/18/2013. Mechanism of injury was a fall while attempting to step down from a semi-truck. Diagnoses include patellar tendonitis, sprain/strain of the knee and medical meniscus tear. Treatment to date has included diagnostic studies, medications, injections, and physical therapy. A physician progress note dated 05/04/2015 documents the injured worker complains of aching neck pain, mid back pain, low back pain, left leg pain and bilateral knee pain. He has pins and needles sensation. The discomfort is constant and moderate. There is radiation of pain noted from the low back to the bilateral feet. There is weakness the muscles of the bilateral knees. Arthroscopic examination of the left knee with partial medial meniscectomy is to be scheduled. Treatment requested is for Continuous Passive Motion (CPM) rental 4 weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion (CPM) rental 4 weeks for the left 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 (ODG).

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 (Acute & Chronic), continuous passive motion.

Decision rationale: The claimant sustained a work-related injury in December 2013 and continues to be treated for left knee pain. Treatments have included physical therapy, medications, and a brace. When seen, an arthroscopic meniscectomy was being planned. There was joint line and medial hamstring tenderness. Authorization for a 4-week CPM rental was requested as part of his post-operative management. Continuous passive motion (CPM) can be recommended for use after a revision or primary total knee arthroplasty for up to 17 days after surgery. In this case, the claimant is not undergoing this procedure. The request is not medically necessary.