

Case Number:	CM15-0122622		
Date Assigned:	08/03/2015	Date of Injury:	11/10/1995
Decision Date:	08/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/25/2015

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 is a 60 year old male, who sustained an industrial injury on November 10, 1995, incurring bilateral knee injuries. Diagnostic imaging revealed internal derangement of bilateral knees and severe tricompartmental osteoarthritis. He underwent multiple arthroscopic surgeries to both knees. Treatment included knee injections, bracing, and physical therapy rest and medication management. Currently, the injured worker complained of worsening bilateral knee pain upon walking and pain at rest. The treatment plan that was requested for authorization included one continuous passive motion machine for a 21 day rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Continuous Passive Motion (CPM) Machine 21 day rental: 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), Knee & Leg (Acute & Chronic): Continuous Passive Motion (CPM) (2015).

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

Decision rationale: 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. Submitted reports have not demonstrated specific indication, extenuating circumstance, or co-morbidities to allow for 21-day use outside the recommendations of the guidelines. The One Continuous Passive Motion (CPM) Machine 21 day rental is not medically necessary and appropriate.