

Case Number:	CM15-0122972		
Date Assigned:	07/07/2015	Date of Injury:	08/05/2003
Decision Date:	08/11/2015	UR Denial Date:	06/08/2015
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 48-year-old female, who sustained an industrial injury on 8/5/03. She reported left knee pain. The injured worker was diagnosed as having knee pain and pain in joint of the lower leg. Treatment to date has included revision of left total knee arthroplasty on 1/15/15, physical therapy, the use of a walker, and medication. Currently, the injured worker complains of knee pain. The treating physician requested authorization for a retrospective continuous massive motion machine rental from 2/19/15-3/12/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective CPM rental from 2/19/2015 to 3/12/2015: 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 and Leg Chapter, Continuous Passive Motion Section.

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.

Decision rationale: Based on the 01/28/15 progress report provided by treating physician, the patient is status post left total knee arthroplasty. Patient's surgery was done on 01/15/15, per operative report. Per 04/16/15, the patient presents with bilateral knee pain rated 6/10 with medication. The request is for retrospective CPM rental from 2/19/2015 TO 3/12/2015. Patient's diagnosis per undated Request for Authorization form expiring 02/18/15 includes knee joint replacement, and indicates extension CPM quantity 33 days. Physical examination on 01/28/15 revealed very swollen distal thigh with tissue tight and tender. Extension lacking 15-20 degrees and flexion past 90 degrees at about 95-100 degrees. No significant lower extremity swelling and incision healing well. The patient has antalgic gait assisted by walker, per 04/16/15 report. Treatment has included surgeries, physical therapy and medications. Per 01/28/15 report, patient's medications include Lasix, Atenolol, Protonix, Norco, Celexa, Flexeril and Ambien. The patient is not working and remains temporarily totally disabled, per 04/16/15 report. ODG Knee chapter, under Continuous Passive Motion (CPM), criteria for the use of continuous passive motion devices states: "For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. "In regard to the Continuous Passive Motion (CPM) machine for post-operative use, the provider has specified an excessive duration of therapy. This patient's anticipated surgical procedure would ordinarily meet the criteria for a CPM device post-operatively to reduce swelling, improve range of motion, and improve overall outcome. However, ODG guidelines only allow for 17 days of use following surgery. The request for 21 days rental from 02/19/15 to 03/12/15 and extension to 33 days, per RFA expiring 02/18/15 exceeds guideline recommendations. Furthermore, per 01/28/15 report, treater states the patient's "CPM machine sat on the floor for several days and was not use." Therefore, this retrospective request was not medically necessary.