

Case Number:	CM15-0125123		
Date Assigned:	07/09/2015	Date of Injury:	01/29/2014
Decision Date:	08/12/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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, Hawaii
 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(n) 64 year old female, who sustained an industrial injury on 1/29/14. She reported pain in her right knee. The injured worker was diagnosed as having right knee pain, right medial meniscus tear with subluxation, right knee instigation of symptomatic osteoarthritis and status post right knee total knee replacement on 5/18/15. Treatment to date has included Norco, physical therapy, right knee cortisone injections, Hyalgan injections x 5, a total knee replacement and a knee brace. As of the PR2 dated 6/12/15, the injured worker reports constant soreness and pulling sensation in her right knee. She is using the CPM machine with improvement and will be starting post-operative physical therapy in a few days. Objective findings include right knee flexion 90 degrees, active extension -5 degrees, passive extension 0 degrees and swelling. The treating physician requested a rental of a continuous passive motion (CPM) machine for additional 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Rental of Continue passive motion (CPM) machine for additional 4 weeks: 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 - Continuous passive motion (CPM).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continue passive motion (CPM).

Decision rationale: The patient presents with pain affecting the right knee. The current request is for Rental of Continue passive motion (CPM) machine for additional 4 weeks. The treating physician report dated 6/12/15 (23B) states, "Requesting extension for CPM use x4-6 weeks due to improvement and decreased pain with CPM." A report dated 1/20/15 (118B) states, "I am requesting a CPM to assist in increasing and maintaining Range of Motion following surgery for 4-6 weeks." The MTUS guidelines do not address the usage of Continuous Passive Motion devices. The ODG guidelines do recommend the usage of CPM devices for no more than 21 days following total knee arthroplasty. The medical reports provided, show the patient is status post total right knee arthroplasty (5/18/15). In this case, the patient has already rented a CPM device previously, although it is unclear exactly how many days were authorized. The current request for 4 additional weeks of a CPM machine exceeds the 21 days supported by the ODG guidelines. The current request, using ODG criteria, is not medically necessary.