

Case Number:	CM15-0173289		
Date Assigned:	09/15/2015	Date of Injury:	3/18/2015
Decision Date:	10/14/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/02/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 52 year old, female who sustained a work related injury on 3-18-15. The diagnoses have included status post right knee surgeries 3-24-15 and 6-23-15, patella fracture and stiffness of joint. Treatments have included right knee surgery, oral medications and physical therapy. Current medications include Zofran, Percocet and two different strengths of hydrocodone-acetaminophen. In the progress notes dated 8-5-15, the injured worker reports residual stiffness post surgery and pain on the inside of her right knee. She remains unable to kneel or climb stairs. On physical exam, right knee incision has healed well. Right thigh and calf compartments are soft and compressive. She is able to extend right knee to 5 degrees and flexion to 100 degrees. She is not working. The treatment plan includes requests for authorization for a cortisone injection and for a continuous passive motion machine. The Utilization Review, dated 8-12-15, non-certified a continuous passive motion machine for home use due to not meeting the ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous Passive Motion (CPM) machine for the right knee (patella fracture and stiffness of joint): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Knee and Leg, Continuous Passive Motion.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty. 2. Anterior cruciate ligament reconstruction. 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The ODG states only for use up to 21 days postoperatively. The request is in excess of this amount and is for a surgery (patella fracture) that is not supported by the ODG. Therefore, the request is not medically necessary.