

Case Number:	CM15-0073873		
Date Assigned:	04/23/2015	Date of Injury:	01/27/2000
Decision Date:	05/21/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/17/2015

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 53 year old male, who sustained an industrial injury on 1/27/00. He reported neck, head, and right orbit, mid back and low back pain. The injured worker was diagnosed as having bilateral knee avascular necrosis and right ankle avascular necrosis. Treatment to date has included multiple epidural steroid injections, left hip replacement, total left and right shoulder replacement, right hip replacement and oral medication including narcotics. Currently, the injured worker complains of bilateral knee pain rated 10/10 without medication and right ankle pain rated 7/10 without medication; he also complain of bilateral knees stiffening and locking for about 6 months. Upon physical exam, pain is noted in the lateral malleolus on palpation along with left knee pain of medial joint line, lateral joint line, medial patellar facet and lateral patellar facet. The treatment plan included a request for treatment for right total knee arthroplasty, 3-4 day inpatient hospital stay, and post-op inpatient rehab for 10 to 24 days, pre-op evaluation, CPM machine, walker, 3 in 1 commode, ice machine and medications including Percocet, OxyContin and Lovenox along with outpatient physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Post-operative CPM (continuous passive motion) machine (unknown purchase or rental): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee Chapter, 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 21 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 unspecified unknown rental or purchase of the DME use outside the recommendations of the guidelines. The DME: Post-operative CPM (continuous passive motion) machine (unknown purchase or rental) is not medically necessary and appropriate.