MAXIMUS Federal Services

Case Number:	CM15-0076865		
Date Assigned:	04/28/2015	Date of Injury:	12/09/2001
Decision Date:	05/28/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/22/2015

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 65 year old female who sustained an industrial injury on 12/9/01 when she fell down stairs she felt a sudden crushing pain in the ankle with numbness going to the toes. She had an initial diagnosis of left ankle sprain but due to persistent left knee pain, her symptoms were investigated and she was found to have a medial meniscal tear with resulting arthroscopic surgery. Symptoms improved slightly but knee pain persisted. She initially had pain medication and physical therapy. She then had surgery to her left knee and since then she has had ankle and foot pain. She currently complains of persistent left knee and ankle pain. She has an antalgic gait and uses a cane for ambulation. Her pain is 2-3/10 at rest and 6-7/10 with repetitive weight bearing. Medication is Neurontin. Diagnoses include status post left knee surgery for torn meniscus and posttraumatic arthritis; left ankle sprain/ strain; mild left ankle arthritis; left hip and low back pain secondary to altered gait; right knee pain, secondary to compensation for left knee pain; plantar fasciitis. Diagnostics included x-rays of the right knee (3/28/14); x-ray of left ankle (10/14/14, 11/21/14). Utilization Review dated 3/30/15 indicates requests for post-operative walker and 14-day rental continuous passive motion machine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-operative Walker: 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), Walking aids (canes, crutches, braces, orthoses & walkers).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, walker.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. Per the ODG, ambulation assistance is recommended post total knee arthroplasty. However, the clinical documentation for review does not indicate that the surgery has been performed or that is has been approved. Therefore, in the absence of surgery, a walker is not necessary.

14 Day Rental of Post-operative CPM (continuous passive motion): 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 ODG, CPM.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. Per the ODG, continuous passive motion is indicated post-total knee arthroplasty for up to 21 days. However, the clinical documentation for review does not indicate that the surgery has been performed or that is has been approved. Therefore, in the absence of surgery, CPM is not necessary.