

Case Number:	CM15-0092879		
Date Assigned:	05/19/2015	Date of Injury:	05/15/2014
Decision Date:	06/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 47 year old female, who sustained an industrial injury on 05/15/2014. She reported injuring her left knee and was diagnosed with internal derangement of the knee and underwent surgery. The injured worker is currently working at a modified duty desk job. The injured worker is currently diagnosed as having full thickness articular cartilage loss of the left medial femoral condyle, almost full thickness articular cartilage loss of the patella, and severely contracted patellofemoral joint with tight lateral retinaculum. Treatment and diagnostics to date has included knee surgery, postoperative physical therapy, multiple injections without relief, left knee MRI which showed small joint effusion with no evidence of meniscal tears, and medications. In a progress note dated 04/06/2015, the injured worker presented for a re-evaluation of her left knee and has been authorized for surgery. Objective findings include moderate suprapatellar effusion to the left knee with decreased range of motion and pain with range of motion. The treating physician reported requesting authorization for postoperative continuous passive motion rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

CPM (continuous passive motion) unit, Rental for 3 weeks, post operative: 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 - CPM (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) knee.

Decision rationale: CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive for total knee and for inpatient stay after ACL reconstruction. CPM is not indicated otherwise unless there are behavioral reasons why a patient cannot utilize standard therapies. In this case, the records from 4/6/15 do not reference a condition which would preclude traditional therapies and the request is not medically necessary.