

Case Number:	CM15-0099912		
Date Assigned:	06/02/2015	Date of Injury:	01/30/2015
Decision Date:	07/08/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67 year old male, who sustained an industrial injury on 1/30/15. He reported stepping off a ladder and injuring his right knee. The injured worker was diagnosed as having severe tricompartmental right knee osteoarthritis. Treatment to date has included physical therapy, cortisone injections on 2/6/15 with 55% relief that lasted 2-3 weeks, a knee brace and a right knee x-ray on 2/4/15 showing mild degenerative changes in the patellofemoral joint. On 3/1/15, the injured worker was involved in a motor vehicle accident and re-injured his right knee. A right knee x-ray on 3/19/15 showing marked degenerative changes in the medial and patellofemoral compartments. As of the PR2 dated 4/30/15, the injured worker reports being unable to walk or stand for more than 5 minutes due to right knee pain. Objective findings include positive crepitus, range of motion 10-135 degrees and patellar grind on the right. The treating physician recommended a right total knee replacement. The treating physician requested a continuous passive motion device post-operatively for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous passive motion device, post-operatively for the right knee, duration of rental not specified: 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).

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

Decision rationale: The claimant sustained a work injury in January 2015. He has advanced osteoarthritis of the right knee and a right total knee replacement is being planned. When seen, there was decreased range of motion with crepitus. Authorization for surgery and postoperative care was requested. Continuous passive motion (CPM) can be recommended for use after a revision or primary total knee arthroplasty for up to 17 days after surgery. In this case, the duration of intended use is unknown and the requested is not medically necessary.