

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270

**Independent Medical Review Final Determination Letter**

1050

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

Dated: 12/30/2013

IMR Case Number:	CM13-0018402	Date of Injury:	06/09/2006
Claims Number:	[REDACTED]	UR Denial Date:	08/28/2013
Priority:	STANDARD	Application Received:	08/29/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED] M.D.		
Treatment(s) in Dispute Listed on IMR Application:			
CONTINUED CPM USE			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
 Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 06/09/2006. This patient suffered an injury to the left knee and was treated with several arthroscopies. On 06/03/2013, the patient underwent a left total knee replacement. The patient began postoperative physical therapy on 06/10/2013. As of 08/21/2013, the medical records indicate the patient had achieved 90 degrees of range of motion 2 months postoperatively. The request was made for the patient to continue the use of continuous passive motion for an additional month. The initial physician reviewer recommended non-certification as the CPM is not recommended by treatment guidelines.

IMR DECISION(S) AND RATIONALE(S)

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

1. Continued CPM use is not medically necessary and appropriate.

The Claims Administrator based its decision on the ODG Knee and Leg, which is not part of the MTUS.

The Physician Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Physician Reviewer based his/her decision on the Official Disability Guidelines (ODG), Knee and Leg, Continuous Passive Motion.

The Physician Reviewer's decision rationale:

The Official Disability Guidelines/treatment for Workers' Compensation/knee, state regarding continuous passive motion, "Recommended as below for in-hospital use but not routinely for home use, but the beneficial effects over regular physical therapy may be small....Postoperative use may be considered medically necessary in the acute hospital setting for 4-10 days – no more than 21 days." Therefore, the guidelines support the use of CPM in the hospital setting but not the home setting as in this case, and recommend the treatment generally for up to 10 days but not for more than 21 days, and thus not in the current chronic setting. The medical records indicate that the treating provider has requested additional CPM to achieve range of motion; the treatment guidelines suggest that continued passive motion in the current setting is not likely to be more beneficial than exercise or physical therapy. Overall, the medical records do not provide indication to support the request for CPM. This request is not medically necessary.

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0018402