

Case Number:	CM14-0150087		
Date Assigned:	09/19/2014	Date of Injury:	10/30/2013
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

This is a 30-year-old gentleman who injured his left knee in a work-related fall on 10/30/13. The medical records provided for review documented that the claimant underwent left knee arthroscopy with debridement of a chondral defect in February, 2014. The follow up report dated 08/19/14 noted ongoing complaints of knee pain aggravated with range of motion and activity. It was documented in the report that the claimant had full thickness cartilage loss of the patellar compartment based on imaging and prior arthroscopic assessment. The recommendation for an autologous chondrocyte implantation (ACI procedure) was made in conjunction with a tibial tubercle osteotomy. The proposed surgery was not authorized according to the 08/29/14 Utilization Review determination. This review is for the request for a four week postoperative rental of a CPM device for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative CPM (Continuous Passive Motion) Machine, for the Left Knee (4 Week Rental): 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), Treatment Index, 12th Edition (web), 2014, Knee and Leg, Procedure; Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Chapter: Continuous Passive Motion (CPM).

Decision rationale: The California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, the request for four week rental of a CPM device would not be indicated. While the use of a CPM is utilized following certain surgical processes including arthroplasty and certain reconstructive procedures, the ODG Guidelines only recommend the use of a CPM machine for up to twenty-one days including home use. This request would clearly exceed the ODG Guidelines. More importantly, the Utilization Review process did not authorize the surgical procedure; therefore, the request for rental of the CPM machine is not medically necessary.