

<b>Case Number:</b>	CM13-0001023		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	05/25/1999
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 male patient with the date of injury of May 25, 1999. A Utilization Review was performed on July 1, 2013 and recommended modification of continuous passive motion machine for up to 10 days postoperatively, right knee. A Progress Report dated June 29, 2013 identifies Interval History of continues to complain of pain, weakness, and stiffness. Physical Examination identifies antalgic gait. There is pain during range of motion testing. There is popping, crepitus, and locking during range of motion. There is tenderness to palpation over the medial joint line. Impression identifies right knee osteoarthritis with varus deformity. Treatment Recommendations identify pending approval for total knee arthroplasty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **POST OPERATIVE -CONTINUOUS PASSIVE MOTION MACHINE (CPM) - RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 Chapter, Continuous passive motion (CPM).

**Decision rationale:** Regarding the request for postoperative, continuous passive motion machine (CPM) right knee, the California MTUS and ACOEM do not contain criteria for this treatment modality. The Official Disability Guidelines recommends postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), after total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Within the information made available for review, the patient is noted to be pending approval for a total knee arthroplasty. However, there is no indication that the surgery was approved. Additionally, the current request does not include duration of use, and guidelines do not support the open-ended application of this modality. As such, the currently requested postoperative continuous passive motion machine (CPM) for right knee is not medically necessary.