

<b>Case Number:</b>	CM13-0002840		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	03/07/2000
<b>Decision Date:</b>	03/21/2014	<b>UR Denial Date:</b>	07/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2013

### 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 Family and is licensed to practice in Texas. 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. 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:

The patient is a 49-year-old male who reported an injury on 03/07/2000 due to cumulative trauma while performing normal job duties. The patient reportedly sustained injury to the back, bilateral hips, bilateral knees, and bilateral feet. The patient underwent chondroplasty of the left knee and meniscal repair on 06/07/2013. The patient's most recent clinical evaluation dated 09/12/2013 documented that the patient was treated postoperatively with physical therapy. Physical findings included muscle strength testing rated at a 4/5 of the left knee, with range of motion described as 0 to 130 degrees. Prior to the patient's surgical intervention, a treatment recommendation was made for a continuous passive motion unit and continuous cold therapy unit to be included in the patient's postsurgical treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Unit Rental for 21 days:** 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), Knee and Leg Chapter, 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 and Leg Chapter, Continuous Passive Motion

**Decision rationale:** The requested CPM unit rental for 21 days is not medically necessary or appropriate. The clinical documentation does support that the patient underwent surgical intervention in 06/2013. However, Official Disability Guidelines only recommends continuous passive motion units for patients who undergo total knee arthroplasty, open reduction and internal fixation, or anterior cruciate ligament reconstruction. The clinical documentation does not provide evidence that the patient underwent any of these procedures. Additionally, there was no documentation that the patient would not be able to participate in a land-based postoperative physical therapy treatment program. Therefore, the need of right arm continuous passive motion rental for 21 days is not medically necessary.

**CPM Soft Goods Purchase:** 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),TWC Knee and Leg procedure Summary

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

**Decision rationale:** As the request for the continuous passive motion unit is not supported, the purchase of soft goods supplies would also not be supported.

**Cold Therapy Unit With Pad Purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),TWC Knee and Leg procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter, Continuous Flow Cryotherapy.

**Decision rationale:** The requested cold therapy unit with pad purchase is not medically necessary or appropriate. Official Disability Guidelines do recommend the use of a cold therapy unit for up to 7 days in the postsurgical management of a patient's pain. The clinical documentation submitted for review does support that the patient had undergone surgical intervention. Therefore, a 7-day rental would be appropriate for this patient. However, the request exceeds this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested cold therapy unit with pad purchase is not medically necessary or appropriate.