

<b>Case Number:</b>	CM13-0005712		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/29/1999
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### 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 Emergency Medicine, and is licensed to practice in New York and Tennessee. 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 60-year-old male who was injured on July 29, 1999. The patient had experienced bilateral anterior knee pain and had undergone bilateral total knee arthroplasties. The patient experienced residual aching discomfort bilaterally. Revision of the right knee arthroplasty was successful in relieving the pain in the right knee. The patient underwent revision of the left total knee arthroplasty. Requests for authorization for triple play vascular therapy with polar wrap, CMP (continuous passive motion) machine for 4-6 weeks trial, and post-operative physical therapy twice weekly for 8 weeks were received on July 26, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CMP machine 4-6 weeks 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)

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

**Decision rationale:** According to the Official Disability Guidelines (ODG), the criteria for the use of continuous passive motion (CPM) devices are as follows: In the acute hospital setting,

postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary), (2) Anterior cruciate ligament reconstruction (if inpatient care), (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. In this case the CPM is being requested for 28-42 days. This surpasses the recommendations by ODG. Authorization is not recommended

**Post-operative physical therapy 2 times a week for 8 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 24.

**Decision rationale:** The post-surgical guidelines state that post-surgical treatment for arthroplasty be 24 visits over 10 weeks with post-surgical physical medicine treatment of four months. If post-surgical treatment is necessary, an initial course may be prescribed. An initial course of therapy means one-half of the number of visits specified. In this case, the initial course of therapy is 12 visits. The number of visits requested surpasses the number of visits in the recommended initial course of therapy