

<b>Case Number:</b>	CM13-0007088		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/05/2012
<b>Decision Date:</b>	05/06/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2013

### 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 Interventional Spine, 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:

The patient is a 53 year old male with date of injury 7/5/12. The treating physician report dated 10/22/13 indicates that the patient presents for his first post op appointment following right total knee arthroplasty. The treating physician states that the patient is doing well, staples are removed, x-rays look excellent and range of motion is from 5-90 degrees. The utilization review report dated 11/6/13 modified the request for 4 additional weeks of CPM usage post surgically to two additional weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM RENTAL FOR FOUR (4) ADDITIONAL WEEKS:** Upheld

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

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

**Decision rationale:** The patient presents for his first post operative evaluation following right total knee arthroplasty performed on 10/7/13. The 10/22/13 report indicates that the patient is doing well and physiotherapy was recommended. There are no reports submitted for review

indicating a request for 4 additional weeks of CPM rental. The MTUS guidelines do not address the usage of Continuous Passive Motion devices. The ODG guidelines do recommend the usage of CPM devices for no more than 21 days following total knee arthroplasty. The utilization review report dated 11/6/13 indicates that the patient was originally authorized for CPM usage for 21 days and the reviewer then allowed an additional 2 weeks. The current request for 4 additional weeks of CPM usage exceeds the guideline recommendations. Furthermore, the patient has 5-90 degrees of ROM and it is unlikely that a CPM will be able to get more ROM from here. Recommendation is for denial.