

<b>Case Number:</b>	CM13-0009389		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	04/02/2013
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/09/2013

### 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 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 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 47-year-old gentleman who was injured in a work related accident on 04/02/13. Records for review indicate an injury to the bilateral knees with operative report for review including a 07/24/13 open reduction internal fixation to the right tibia with tibial plating supplemented by intramedullary rod fixation. There is also is 08/06/13 operative report indicating that the claimant underwent a triple arthrodesis to the left ankle with removal of left hindfoot external fixator device. There is a previous report that the claimant underwent bilateral knee manipulation under anesthesia on 06/29/13 prior to the above mentioned procedures. In the postprocedural setting of manipulation under anesthesia, there was a request for a 21 day rental of a bilateral CPM machine for 21 days of use as well as purchase of a synthetic sheep skin pad for the bilateral knees at time of procedure.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion (CPM) machine rental x 21 days for bilateral knees:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines are silent. When looking at Official Disability Guidelines criteria, bilateral continued passive motion machines would not be indicated. While guideline criteria does recommend the role of use in the hospital setting and home setting for postoperative care of a total joint arthroplasty, anterior cruciate ligament reconstruction, or open reduction internal fixation, there was nothing indicating its role at the subacute stage from the claimant's clinical presentation. The procedure in question for a manipulation under anesthesia at that timeframe from the claimant's original mechanism of injury would not have been supported as medically necessary.

**Synthetic sheepskin pad purchase for bilateral knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary