

<b>Case Number:</b>	CM13-0016641		
<b>Date Assigned:</b>	09/23/2013	<b>Date of Injury:</b>	11/24/2009
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	07/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2013

### 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 57 year old male status post injury 11/24/09. The patient status post left total knee arthroplasty on 5/5/13. The patient examination note from 6/27/13 demonstrates moderate swelling of the left knee. The request is for CPM knee extension for 30 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM knee extension for thirty (3) 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.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Total Knee Arthroplasty.

**Decision rationale:** The California MTUS Guideline is silent on the issue of continuous passive motion devices. Per the Official Disability Guidelines (ODG), passive motion devices are warranted for home use up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. The patient must be 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: complex regional pain syndrome, extensive

arthrofibrosis or tendon fibrosis or physical, mental or behavioral inability to participate in active physical therapy. There is insufficient evidence of medical necessity for CPM extension following knee arthroplasty. Therefore the determination is for non-certification.