MAXIMUS Federal Services

| Case Number: | CM13-0018977 | | |
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| Date Assigned: | 11/06/2013 | Date of Injury: | 07/18/2003 |
| Decision Date: | 01/21/2014 | UR Denial Date: | 07/25/2013 |
| Priority: | Standard | Application Received: | 08/30/2013 |

## 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 Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease 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:

This patient reported an injury on 07/18/2003. The documentation submitted for review indicates that the patient is status post left knee total replacement, with current clinical notes indicating that the patient is diagnosed with osteoarthritis of the right knee with ongoing symptoms. Clinical notes from 09/18/2013 indicate that the patient is scheduled to undergo a right knee arthroscopy for treatment of meniscal tears. Clinical notes from 06/24/2013 indicate that the patient was recommended for authorization of 12 postoperative physical therapy visits as well as 1 week use of a cold therapy unit and continuous passive motion unit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**1 week rental of CPM unit:** Upheld

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

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

**Decision rationale:** CA MTUS/ACOEM Guidelines do not specifically address Continuous Passive Motion. The Official Disability Guidelines state that for in-hospital use, or for home use

in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for a total knee arthroplasty (revision and primary). Also use may be up to 17 days after surgery while patients are at risk of a stiff knee are immobile or unable to bear weight; under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision which may include patients with complex regional pain syndrome; extensive arthrofibrosis or tendon fibrosis; or those with physical, mental, or those with behavioral inability to participate in active physical therapy; and for revision total knee arthroplasty. However, the documentation submitted for review indicates that this patient is currently considered for meniscectomy. Moreover, there is a lack of documentation submitted for review indicating that the patient meets criteria for use of a continuous passive motion unit. There is no indication that the patient is at any greater risk of stiff knee or that the patient would be unable to comply with rehabilitation exercises. Given the above, the request for 1 Week Rental of CPM Unit is not medically necessary and appropriate.