

<b>Case Number:</b>	CM13-0024103		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	03/07/2007
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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, 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:

This 57 year-old patient sustained a knee injury on 3/7/07 from a slip and fall while employed by [REDACTED]. Diagnoses include osteoarthritis and knee sprain status post right total knee replacement on 7/11/13. Conservative care has included diagnostics, medications, physical therapy, and knee brace. A report from 7/25/13 noted that the patient was two weeks post-op from total knee arthroscopy and will begin physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **RETROSPECTIVE DME 21 DAY RENTAL OF CONTINUOUS PASSIVE MOTION DEVICE, DATE OF SERVICE 7/23/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** A review of the operative report noted no complications from surgery. Per the discharge report from the orthopedist dated 7/13/13, the patient did well throughout his hospitalization without any complications and was deemed stable to be discharged home on the second post-operative day. Wound care instructions along with medications were provided. The

MTUS/ACOEM guidelines do not specifically address this; however, the Official Disability Guidelines state that continuous-flow cryotherapy is recommended as an option after surgery. Postoperative use generally may be up to 4-10 consecutive days, including home use for total knee arthroscopy. The 21 day rental exceeds guideline recommendations, and the submitted reports have not given a rationale for going beyond recommendations. As such, the request is not medically necessary.