

<b>Case Number:</b>	CM13-0048304		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/04/2011
<b>Decision Date:</b>	03/13/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee, who has filed a claim for chronic knee pain reportedly associated with an industrial injury of March 4, 2011. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior knee arthroscopy surgery on July 8, 2013; Synvisc injection; and extensive periods of time off of work, on total temporary disability. In an Utilization Review Report of October 10, 2013, the claims administrator denied a 21-day rental of a knee continuous passive motion device, purchase of soft goods for lower extremity, and cold pad. Non-MTUS ODG Guidelines were cited. In a September 26, 2013 progress note, the applicant is described as having persistent knee pain status post knee arthroscopy. A 3+/5 knee strength is noted with well-healed arthroscopy portals noted. Synvisc injections are endorsed. The applicant is placed off of work, on total temporary disability. A Synvisc injection was performed in the clinic. The applicant was described as having well-preserved 120 degrees of knee range of motion on September 26, 2013. In a July 8, 2013 progress note, the attending provider sought authorization for a continuous passive motion device and cold therapy unit. The applicant did report limited range of motion and weakness on July 8, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**21 day rental of knee CPM and purchase of soft goods for lower extremity CPM, iceman clearcube and cold pad:** 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)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** The MTUS does not address the topic of continuous passive motion (CPM). As noted in the Third Edition ACOEM Guidelines, CPM may be useful for select, substantially physically inactive patients postoperatively. It is not recommended for routine use following knee surgery, including major knee surgeries such as a total knee arthroplasty. In this case, the applicant underwent a relatively minor knee arthroscopy procedure. There was no evidence that the applicant was substantially inactive or unable to participate in home exercises postoperatively. In fact, the applicant was described as exhibiting well-preserved knee range of motion on a September 2013 office visit, effectively arguing against the need for usage of the CPM device. As noted in the MTUS-adopted Guidelines in Chapter 13, simple, low-tech, at-home applications of heat and cold are as effective as those performed by therapist or, by implication, those delivered via high-tech means. In this case, no rationale for the high-tech device was proffered by the attending provider. While the Third Edition ACOEM Guidelines do support cryotherapy in the treatment of postoperative patients, ACOEM notes that pain relief with cold therapy should be employed for the first several postoperative days with duration commensurate with extent of surgery. In this case, however, the applicant underwent a relatively minor knee arthroscopy surgery. ACOEM only endorses usage of continuous cryotherapy for the first several postoperative days. The 21 days of postoperative continuous cooling being sought by the attending provider is not commensurate with the relatively minor nature of the surgery performed. Therefore, the request for a 21-day rental of the knee CPM device, purchase of CPM device, Iceman Clear Cube and cold pad are not certified, on Independent Medical Review.