

<b>Case Number:</b>	CM13-0054518		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/19/2003
<b>Decision Date:</b>	04/09/2014	<b>UR Denial Date:</b>	11/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 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 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 59 year old injured worker with a date of injury of 3/19/13. The patient has a history significant for a knee injury and has had multiple surgeries, including meniscectomy/chondroplasty on 1/19/10, partial meniscectomy/chondroplasty on 6/30/09, and right total knee arthroplasty (TKA) on 5/18/11. Despite multiple surgeries, and most recently the 2011 TKA, the patient had ongoing pain symptoms. On 10/23/13 follow-up, the patient was noted to have worsening right knee pain and was unable to tolerate standing or walking for greater than 10 minutes. Imaging showed evidence of loosening of the implant at the lateral tibial component. A revision TKA was recommended. The 11/04/13 in Utilization Review certified revision TKA, 21-days of a CPM rental was not certified and the 14-day inpatient rehabilitation stay request was modified to certification of a 7-day stay.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**21 day rental of CPM unit:** Overturned

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

**Decision rationale:** The Official Disability Guidelines do support the use of post-op CPM for up to 21 days following a TKA surgery. In this case, a revision TKA surgery was recommended for certification in UR as well as a 7-day post-op inpatient rehab stay. In this case, I recommend reversal of the UR decision, given that guidelines recommend up to 21 days use following this type of surgery. Given the fact that this patient has had multiple surgeries, including a prior TKA, the medical necessity of this device is supported. The request for a 21 day rental of CPM unit is medically necessary and appropriate.

**14 days at an inpatient rehab facility:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** The Official Disability Guidelines (ODG) recommend 6-12 days of an inpatient rehabilitation facility as an option, depending on the degree of functional limitation, skill needs, ability to participate, and continued progress with rehabilitation in the acute stay following arthroplasty. The request for 14 days at an inpatient rehab facility is not medically necessary and appropriate.