

<b>Case Number:</b>	CM13-0066751		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 is a 44 year old male who sustained an injury to the left knee in a work-related accident on 3/13/13. The medical records provided for review include a clinical report dated 11/19/13 documenting a diagnosis of a Grade II medial collateral ligament strain with medial compartment osteoarthritis, patellofemoral arthritis, and a remote history of a prior right knee arthroscopy with anterior cruciate ligament reconstruction. Specific to the claimant's left knee, there were noted continued complaints of discomfort but no positive physical examination findings. It was documented that motor strength was 5/5, sensation was normal, and there was no swelling of the lower extremities. The report documented that the claimant had failed conservative care that included Orthovisc injections, medication management, therapy, and modified activity. A left knee arthroscopy with chondroplasty with possible microfracture was recommended with post-operative use of a CPM device and physical therapy. The surgery has been certified but Utilization Review did not certify the CPM or 12 visits of physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM (CONTINUOUS PASSIVE MOTION) UNIT FOR 6 WEEKS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. 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 (ODG) Treatment in Worker's Comp, 18th edition, 2013 Updates: knee procedure - Continuous passive motion (CPM).

**Decision rationale:** The proposed surgery in this case was an arthroscopy with chondroplasty and possible microfracture procedure. The Official Disability Guidelines do not recommend the use of a CPM device following arthroscopy. The request is therefore not medically necessary and appropriate.

**POST-OPERATIVE PHYSICAL THERAPY (3 TIMES PER WEEK FOR 4 WEEKS):**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** The MTUS Postsurgical Treatment Guidelines do not recommend twelve sessions of physical therapy as an initial course of therapy after this kind of therapy. Twelve physical therapy sessions exceeds the recommended six initial visits, and is therefore not medically necessary and appropriate.