

<b>Case Number:</b>	CM14-0109847		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	06/19/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2014

### 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 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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of June 19, 2014. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a knee support; and MRI imaging of the knee of June 23, 2014, notable for an ACL sprain. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for a continuous passive motion device and six-week rental of a hinged knee brace. The claims administrator did, however, issue a modified approval for knee arthroscopy and approved six sessions of postoperative physical therapy in a parallel Utilization Review Report of the same date. The applicant's attorney subsequently appealed. In a July 2, 2014 progress note, the applicant reported persistent complaints of knee pain, 7/10. The applicant stated that his knee was "catching and giving way." The applicant was having swelling. The applicant stated that "his knee hurt while walking." The applicant expressed concern that he would fall. The applicant exhibited an antalgic gait. 125 degrees of knee range of motion were noted with medial joint line tenderness. The applicant exhibited a diagnosis of displaced chondral fragment generating mechanical symptoms of catching and giving way. It was stated that the fragment was unstable. A surgical incision of the fragment with associated microfracture was sought, along with a CPM machine and a postoperative hinged knee brace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME Rental of CPM (Continuous Passive Motion) Unit 6 Weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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 ACOEM Practice Guidelines, Third Edition, Postoperative Rehabilitation section.

**Decision rationale:** The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines continuous passive motion is not recommended for routine use for total knee arthroplasty applicants. While ACOEM qualifies its position by noting that CPM can be employed for select, substantially physically inactive applicants postoperatively, in this case, however, the applicant was described as possessed of 125 degrees of knee range of motion on the July 2, 2014 office visit on which the request in question was initiated. There was no mention of the applicant's being substantially inactive. The applicant was a younger worker (aged 38) as of the date of the request, further arguing against the proposition that the applicant was substantially inactive and/or needed the CPM device following the relatively minor knee arthroscopy/chondroplasty procedure planned here. Therefore, the request is not medically necessary.