

<b>Case Number:</b>	CM14-0015312		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	01/03/2013
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgery 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 patient is a 60 year old male who was injured on 01/03/2013 while he was walking across a covered hole when he had a twisting injury to his left knee and left ankle. He had the onset of severe pain at that time. Prior treatment history includes physical therapy and injections to the left knee without relief. He had arthroscopic surgery to his left knee on 08/01/2013. Diagnostic studies reviewed include an MRI scan of the left knee dated 05/15/2013 revealing the following: 1) Degenerative blunting/tearing at the posterior horn of the medial meniscus without displaced meniscal fragments. 2) Moderate to high grade focal chondral loss at the posterior weight bearing aspect of the medial femoral condyle with small flap formation. 3) Focal chondral damage at the femoral trochlear as below. 4) Small joint effusion with mild reactive synovitis and trace amount of fluid within the popliteal cyst. X-rays of the left knee and tibia showing severe medial compartment osteoarthritis with a 1 mm joint space in the medial compartment dated 01/03/2014. Orthopedic Evaluation report dated 01/03/2014 documented the patient with complaints of severe left knee pain with grinding and locking. He states he can only walk a few blocks before he has to stop secondary to pain. He is having pain at rest. Objective findings one examination of the left knee reveals well healed arthroscopic portal incisions about the knee, which are non-tender. There is moderate intra-articular effusion present upon inspection. There is no soft tissue swelling. There is a neutral to genu varum alignment of 1 degree with mild lateral thrust on ambulation. There is pain elicited to palpation over the medial joint line. Patellar apprehension sign is negative. The patella appears to track smoothly within the trochlear of the femur during flexion and extension arc of the knee. Patellar grind test is positive. There is mild patellar crepitus present. Range of motion of the knee extension is 180 degrees bilaterally, flexion is 135 degrees bilaterally. All muscle groups of the lower extremities are 5/5 bilaterally. McMurray's sign is positive. DTRs of the lower extremities are 2+ bilaterally. PR-2 dated

02/19/2014 documented the patient with complaints of left knee pain which he rates as 8/10 with sharp pain. Pain is increased upon walking, especially downstairs. Objective findings on exam reveal the left knee and ankle are swollen. Diagnoses: 1. Status post arthroscopic repair with postoperative internal derangement of the left knee. 2. Tear of talofibular ligament. 3. Facet syndrome of lumbar spine. Plan: Remain off work until 03/26/2014. Utilization Review (UR) report dated 01/23/2014 denied the request for Cold Therapy Unit x 7 days. The patient has not been rendered a surgical candidate, as such; the associated request would not be indicated.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**CPM MACHINE, 30 DAY RENTAL, LEFT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous Passive Motion (CPM).

**Decision rationale:** The CA MTUS guidelines have not addressed the issue of dispute. According to the ODG, Continuous passive motion (CPM) is recommended for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: total knee arthroplasty, anterior cruciate ligament reconstruction, open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. The medical records document the patient was diagnosed with status post arthroscopic repair with post internal derangement of left knee. In the absence of documented recent surgical intervention such as TKR, ACL reconstruction, or ORIF of tibial plateau or distal femur fractures, the request is not medically necessary according to the guidelines.