

<b>Case Number:</b>	CM14-0018842		
<b>Date Assigned:</b>	04/23/2014	<b>Date of Injury:</b>	03/13/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	02/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2014

### 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 Orthopaedic 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 injured worker is a 53 year old female whose date of injury is reported as March 13, 2013. The diagnosis is reported as a contusion of the left knee. A request was placed for 30 day rental of a continuous passive motion device (CPM) and a Q-Tech cold therapy recovery system with wrap for a 35 day rental. The continuous passive motion device (CPM) request was noncertified and the cold therapy recovery system was recommended for modification to a seven-day postoperative rental. The reviewer notes that the claimant has been authorized to proceed with an arthroscopic meniscus repair. The surgery is documented as having been performed in January 2014. The one week postoperative clinical note indicates the claimant has been using crutches and has been utilizing the Q-tech system. The portals are documented as appearing "ok," and there is no evidence of effusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE CPM WITH PADS X 30 DAY RENTAL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee; Continuous Passive Motion.

**Decision rationale:** This topic is not addressed by the California Medical Treatment Utilization Schedule or the American College of Occupational Environmental Medicine (ACOEM). The Official Disability Guidelines (ODG) clearly specifies that Continuous Passive Motion usage may be considered as an option following total knee arthroplasty, the instruction, or open reduction and internal fixation of the tibial plateau or distal femur following fractures involving the knee joint. In the setting of arthroscopic meniscal surgery, the request is considered not medically necessary and is recommended for noncertification.

**Q-TECH COLD THERAPY RECOVERY SYSTEM WITH WRAP RENTAL X 7 DAYS:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 300.

**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 Flow Cryotherapy.

**Decision rationale:** The reviewer appropriately modified the request from 35 days to 7 days in accordance with the Official Disability Guidelines (ODG). This topic is not specifically addressed by the Medical Treatment Utilization Schedule or the American College of Occupational Environmental Medicine (ACOEM). As such, the request is considered not medically necessary and appropriate. With this, the request for 35 days is not medically necessary.