

<b>Case Number:</b>	CM14-0137748		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	10/28/2014	<b>UR Denial Date:</b>	08/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2014

### 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:

This 56-year-old female sustained an industrial injury on 7/19/12. The mechanism of injury was not documented. Past medical history was positive for an inferior wall myocardial infarction, mild hypertension, and borderline diabetes. Past surgical history was positive for left foot plantar fascia release on 7/29/13 and repair of the lateral ligament with ankle stabilization of the left ankle with Fiber Wire on 1/31/14. The patient underwent left ankle arthroscopy with extensive debridement throughout the medial and lateral borders, talar drilling of the osteochondral defect, partial synovectomy, and arthrotomy on 7/11/14. The 7/15/14 treating physician report indicated the patient demonstrated post-operative improvement as expected, with less symptomatology. She was non-weight bearing. Lower extremity vascular and dermatological exams were within normal limits. Lower extremity neurologic and muscle exams were reported within normal limits. There was fair left ankle range of motion, with restriction in dorsiflexion. There was pain to direct palpation over the left ankle along the anterior aspect and the medial and lateral portals. The treatment plan documented sterile dressing change and recommended use of continuous passive motion for 6 weeks in lieu of physical therapy. The 8/5/14 utilization review denied the request for ankle continuous passive motion as the patient was in the acute post-operative period and no complications were identified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ankle CPM Kit E1399, Ankle CPM E0936 E1399: 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), Knee and Leg Chapter (updated 06/05/14), Durable Medical Equipment (DME).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: State of Colorado, Division of Workers' Compensation, Lower Extremity Injury, Medical Treatment Guidelines, 2009, page 116

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for this device following ankle surgery. The Colorado Lower Extremity Medical Treatment Guidelines state that continuous passive motion (CPM) is effective in preventing the development of joint stiffness if applied immediately following surgery. The optimum and maximum recommended duration of use is 3 weeks postsurgical. Guideline criteria have not been met. Although continuous passive motion is reasonable for this patient in the post-operative period, the requested length of use exceeds the maximum recommended duration. Therefore, this request is not medically necessary.