

<b>Case Number:</b>	CM14-0154298		
<b>Date Assigned:</b>	09/23/2014	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2014

### 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 Family 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:

This is a 59-year-old male who reported an industrial injury to the back and knee on 2/1/1999, over 15 years ago, attributed to the performance of his usual and customary job tasks. The patient is status post right total knee arthroplasty times 3. The patient is diagnosed with a postoperative left knee contracture. The patient underwent a left total knee arthroplasty on 7/29/2014, and received 21 days of postoperative continuous passive motion (CPM). The treatment plan included the prescription of Norco; Percocet; and an extension of the Dynasplint for three months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee extension - Dynasplint rental for three (3) months:** 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, Durable medical equipment (DME)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 344. Decision based on Non-MTUS Citation (ODG) ) Knee and leg chapter - Continuous passive motion

**Decision rationale:** The use of the CPM rental for the treatment of the left knee status post (s/p) total knee arthroplasty (TKA) after the patient received a 21-day postoperative rental is inconsistent with the evidence-based guidelines and is not demonstrated to be medically necessary. There is no rationale provided by the treating physician to override the applicable guidelines, which do not support the medical necessity of the use of the CPM machine subsequent to the left knee TKA and provision of a 21-day rental of the CPM. The use of the CPM device for more than 21 days is inconsistent with the recommendations of the CA MTUS. The use of the CPM device post operatively for a left knee TKA for more than 21 days is not recommended by the CA MTUS or the Official Disability Guidelines for the post-operative care of the patient. The treating physician has not provided any objective evidence to support the medical necessity of the post-operative three (3) month additional rental of the CPM machine for the rehabilitation of the knee subsequent to the performed TKA. The ODG recommends CPM devices only for total knee arthroplasty; anterior cruciate ligament reconstruction; and open reduction and internal fixation of tibial plateau and distal femur fractures involving the knee joint. There is no demonstrated medical necessity for the requested CPM machine for an additional three (3) months directed to a reported contracture to the left knee postoperatively.