

<b>Case Number:</b>	CM14-0157391		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	09/10/2010
<b>Decision Date:</b>	11/28/2014	<b>UR Denial Date:</b>	09/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 59-year-old male with a date of injury of 09/10/2010. According to progress report 11/14/2013, this patient is status post left knee surgery and presents with some residual complaints. According to operative report from 10/12/2013, the patient underwent a diagnostic/operative knee arthroscopy, partial medial meniscectomy. It was reported that the patient's knee continues to clinically improve since surgery. He does have bouts of soreness with weight-bearing activities. The patient received a Kenalog injection on 07/11/2013 which was beneficial. Examination of the left knee revealed well-healed arthroscopic portals, anterior incision, and range of motion is 0 to 130 degrees with stiffness anteriorly. Manual muscle testing is 5/5. This is a retrospective request for postoperative CPM machine x21 days rental for the left knee, DOS 10/12/2013. Utilization review indicates that the requested CPM was used on the date of surgery. Utilization review denied the request on 9/4/14. Treatment reports from 8/22/13 through 6/26/14 were provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Post-operative CPM machine x 21 days rental and soft goods, left knee DOS 10/12/12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC - CPM

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee chapter, Continuous Passive motion

**Decision rationale:** This patient is status post left knee surgery on 10/12/13 and presents with some residual complaints. This is a retrospective request for postoperative CPM machine x21 days rental for the left knee, which was dispensed on the day of surgery. The MTUS and ACOEM guidelines do not discuss continuous passive motion devices. Therefore, ODG guidelines were consulted. ODG under its knee and leg chapter has the following regarding Continuous Passive Motion (CPM) devices, "Recommended as indicated below, 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. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application." ODG further states the criteria for home use is "up to 17 days after surgery while patients at risk for a stiff knee are immobile or unable to bear weight." Indications include TKA, ACL reconstruction and ORIF of tibial plateau or distal femur fractures involving the knee joint. This patient is s/p meniscectomy and the ODG guidelines do not support routine use of CPM other than for the listed indications. Post-operative CPM following a routine meniscectomy would not be indicated. The request is not medically necessary.