

<b>Case Number:</b>	CM14-0021758		
<b>Date Assigned:</b>	05/05/2014	<b>Date of Injury:</b>	09/04/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/20/2014

### 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 Occupational 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:

The patient is a 53-year-old male who has submitted a claim for lumbar disc disease, and osteoarthritis of lower extremities status post knee replacement associated with an industrial injury date of September 4, 2008. Medical records from 2013 to 2014 were reviewed. The patient complained of back pain and knee pain, graded 8/10 in severity. The patient reported persistent wound at the excision area of right knee status post arthroplasty. It was an infected wound secondary to stitch abscess. A physical exam showed normal skin turgor with the exception of the anterior aspect of the right knee, without surrounding erythema. The ligaments were stable. Full extension was noted and the patient can actively flex the right knee up to 110 degrees. There were no signs of deep venous thromboses. Diffuse mild swelling was noted. The distal limb was neurovascularly intact. The treatment to date has included total knee replacement on 9/26/2013, physical therapy, and medications. The utilization review from January 20, 2014 denied the request for an urgent continuous passive motion for three (3) weeks rental to the right knee, because clinical findings do not support manipulation under anesthesia precluding the necessity of this device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) WEEK RENTAL OF A CONTINUOUS PASSIVE MOTION (CPM) DEVICE FOR THE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Internet, Knee & Leg Chapter, Continuous passive motion (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 and Leg Chapter, Continuous Passive Motion (CPM).

**Decision rationale:** The Official Disability Guidelines indicate that continuous passive motion (CPM) is indicated in the postoperative use for four to ten (4-10) consecutive days following total knee arthroplasty in the acute hospital setting. For home use, up to seventeen (17) days after surgery is recommended while patients are at risk of a stiff knee, immobility, or inability to bear weight. In this case, patient underwent right total knee replacement on 9/26/2013. The physical therapy notes showed right knee stiffness leading to difficulty in performing range of motion exercises. However, patient is four (4) months status post surgery, which is beyond guideline recommendation for CPM use. Per the utilization review, the treatment plan from the most recent progress report dated 1/14/2014 includes manipulation under anesthesia. However, the medical records submitted and reviewed failed to document a clear indication for this device. There is no clear rationale for CPM use; therefore, the request for is not medically necessary.