

<b>Case Number:</b>	CM14-0034349		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	01/04/2010
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 and 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 49-year-old female with an injury date on 1/4/10. Based on the 2/3/14 progress report provided by the provider, the diagnoses are: meniscal tear, chondromalacia, synovitis, and ankylosis of joint - knee. The exam on 1/22/14 showed "Right knee condition unchanged. They show patellofemoral articulation, crepitation as well as tenderness and she has a positive patellofemoral grind, range of motion is 0 to 130 degrees. She has a stable Lachman and anterior drawer and positive McMurray's sign. Her strength is 4+/5 in flexion and extension." The provider is requesting Knee continuous passive motion and soft goods for lower extremity continuous passive motion twenty one days and Donjoy iceman clearcube cold pad Mcguire 100P, NS, RH; dispensed 1/31/14. The utilization review determination being challenged is dated 3/4/14. The provider is the requesting provider, and he provided treatment reports from 9/25/13 to 5/7/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**KNEE CPM (CONTINUOUS PASSIVE MOTION) AND SOFT GOODS FOR LOWER EXTREMITY CPM - TWENTY-ONE (21) DAYS:** 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).

**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 online, Continuous passive motion (CPM) (<http://www.odgtwc.com/odgtwc/knee.htm#Continuouspassivemotion>).

**Decision rationale:** This patient presents with knee pain and is status post right knee arthroscopy/ meniscectomy/ chondroplasty/synovectomy from 1/31/14. The treating physician has asked for knee continuous passive motion unit and soft goods for twenty one days per 2/3/14 report. Regarding continuous passive motion for knee, the Official Disability Guidelines (ODG) recommends it for in-hospital use, or for home use in patients at risk of a stiff knee, up to 17 days after surgery. In this case, continuous passive motion for lower extremities is indicated for patient's post operative knee condition but requested 21 days exceeds 17 days allowed by the ODG guidelines. As such, the recommendation is for denial.

**DONJOY ICEMAN CLEARCUBE, COLD PAD, MCGUIRE, LOOP NS, RH, DISPENSED 1/31/14:** 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 Chapter, Continuous-flow cryotherapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, Cold packs, and Shoulder chapter, Continuous-flow cryotherapy.

**Decision rationale:** This patient presents with knee pain and is status post right knee arthroscopy/ meniscectomy/ chondroplasty/synovectomy from 1/31/14. The treating physician has asked Donjoy iceman clear cube cold pad Mcguire 100P, NS, RH; dispensed 1/31/14 on 2/3/14. Regarding cryotherapy, the Official Disability Guidelines (ODG) allows for short-term post-operative use. The ODG states that no research shows any additional added benefit for more complicated cryotherapy units over conventional ice bags or packs. Cryotherapy is indicated for patient's post-operative knee condition, but request does not specify if unit is for purchase or rental. In addition, the ODG states more complicated cryotherapy units such as the Donjoy Iceman have no benefit over conventional ice packs. As such, the recommendation is for denial.