

<b>Case Number:</b>	CM14-0037837		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	11/03/2010
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 39 year old female who had a work related injury on 11/03/10. Mechanism of injury was not documented. The injured worker had two arthroscopies and manipulation under anesthesia of her left knee. The patient had been treated with Prozac, Ambien and Ativan without significant relief of symptoms. Left knee magnetic resonance image on 02/07/14 showed residuals of a partial meniscectomy, type 1 change anterior horn, patellar chondromalacia with no signs of current meniscal tear. Diagnosis status post left knee arthroscopy, medial meniscectomy and synovectomy, torn medial meniscus, chondromalacia left knee, status post arthroscopy surgery left knee 01/24/13 left patella lateral patellar tilt and subluxation. Manipulation under anesthesia of her left knee. Prior utilization review on 03/05/14 was not medically necessary and appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro continuous passive range of motion machine for the left knee, with pad, postoperative.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines for continuous passive range of motion.

**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 (CPM).

**Decision rationale:** According to guidelines In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if inpatient care)(3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Based on the clinical information submitted for review, Official Disability Guidelines criteria has not been met. As such, medical necessity has not been established.