

<b>Case Number:</b>	CM14-0057422		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/09/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 North Carolina. 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 with a reported date of injury of 07/09/2009. The patient has the diagnoses of lumbar spine spondylosis at L5-S1 with complete disc space collapse with discogenic pain and mechanical pain, left knee end-stage arthritis, status post left total knee arthroplasty on 01/21/2014 and obesity. The progress notes provided by the primary treating physician dated 02/05/2014 indicates the patient is doing well 2 weeks after the left total knee arthroplasty. The physical exam noted a healing incision with no drainage with full extension and 90 degrees of flexion. Treatment plan recommendations included transition to outpatient physical therapy twice a week for six weeks, transition from a walker to a cane and continuation of home exercise program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extend rental of CPM (continuous passive motion), for a total of 30 days use:** 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 & Leg, 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 ; continuous passive motion.

**Decision rationale:** Neither the ACOEM nor the California Chronic Pain Medical Treatment Guidelines specifically address Continuous Passive Motion (CPM) post arthroplasty of the knee. The ODG section on the topic states CPM may be used in the acute hospital setting postoperatively for 4-10 consecutive days after total knee arthroplasty. Home use up to 17 days after surgery while patients are at risk of a stiff knee or are immobile or unable to bear weight: Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. The requested service exceeds the 17 day postoperative recommendation. There is also no indication the patient is unable to comply with rehabilitation exercises. For these reasons the requested service is not medically necessary and appropriate.