

<b>Case Number:</b>	CM14-0057530		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/05/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	04/22/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 female who has submitted a claim for arthrofibrosis, right knee with synovitis and previous revision arthroplasty- status post arthroscopy of the right knee with synovectomy and lateral retinacular release and manipulation under anesthesia (11/27/2013) associated with an industrial injury date of 11/05/2003. Medical records from 11/14/2013 to 04/15/2014 were reviewed and showed that patient complained of chronic, sharp knee pain graded 3-5/10. Physical examination of the right knee revealed independent ambulation with limp gait and well-healed knee incisions. No sign of infection and no instability were noted. Active knee ROM (Range of Motion) was -10 to 80 degrees. Passive knee ROM was -8 to 85 degrees. Adequate hip motion was noted. Quad weakness was noted at 4-/5. Treatment to date has included arthroscopy of the right knee with synovectomy and lateral retinacular release and manipulation under anesthesia (11/27/2013) and physical therapy. Utilization review dated 04/22/2014 denied the request for CPM (Continuous Passive Motion) machine/kit (rental or purchase). However, the rationale was not made available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM machine/kit (rental or purchase):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Continuous Passive Motion (CPM).

**Decision rationale:** CA MTUS does not specifically address continuous passive motion (CPM). Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, and Official Disability Guidelines (ODG) was used instead. ODG states that beneficial effects of CPM over regular PT (physical therapy) may be small. The criteria for home use of CPM, up to 17 days after surgery while patients at risk of a stiff knee 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; This may include patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis; or physical, mental, or behavioral inability to participate in active physical therapy. In this case, the patient underwent right knee surgery on 11/27/2013. The guidelines only recommend CPM for up to a period of 17 days post-operatively. Hence, the patient does not meet the guidelines criteria for CPM. The request likewise failed to specify the body part to be treated. Therefore, the request for CPM machine/kit (rental or purchase) is not medically necessary.