

<b>Case Number:</b>	CM14-0063316		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/30/2009
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Orthopedic Surgeon 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:

This female injured worker sustained an industrial injury on 11/30/09. The mechanism of injury was not documented. The 4/8/14 orthopedic report cited bilateral knee pain, with worsening left knee pain over the past year. Left knee exam documented 1+ effusion, range of motion 0-120 degrees, and positive medial joint line tenderness. Left knee x-rays showed increasing medial joint space arthritis on the left knee over the implant. The diagnosis was end-stage medial compartment arthritis, left knee. The treatment plan recommended a revision left knee surgery with removal of the metal spacer implant and conversion to a unicompartmental knee replacement. The 4/17/14 utilization review approved a left knee unicompartmental knee replacement. The request for post-operative physical therapy x 18 visits was modified to 12 visits consistent with postsurgical treatment guidelines. The request for 14 days continuous passive motion was modified to 10 days consistent with guidelines. The request for range of motion knee brace was denied as not consistent with post-operative knee bracing guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative physical therapy #18:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for knee arthroplasty suggest a general course of 24 post-operative visits over 10 weeks during the 4-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The 4/17/14 utilization review recommended partial certification of 12 initial post-op physical therapy visits. There is no compelling reason submitted to support the medical necessity of care beyond guideline recommendations and the care already certified. Therefore, this request for 18 post-operative physical therapy sessions is not medically necessary.

**Range Of Motion Knee Brace #1:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines ,knee &leg chapter.

**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, KNEE BRACES.

**Decision rationale:** The California MTUS does not provide recommendations for knee braces following unicompartmental knee replacement. The Official Disability Guidelines support the use of pre-fabricated braces for the following conditions: knee instability, ligament insufficiency/deficiency, reconstructed ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartmental osteoarthritis, or tibial plateau fracture. Guideline criteria have not been met. The medical necessity of a range of motion knee brace versus a standard pre-fabricated brace following partial knee replacement is not established. Therefore, this request for one range of motion brace is not medically necessary.

**Continuous Passive Motion #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 ,knee and leg chapter.

**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 (CPM).

**Decision rationale:** The California MTUS does not provide recommendations for this device in following arthroplasty. The Official Disability Guidelines recommend the use of continuous passive motion devices in the acute hospital setting for 4-10 consecutive days (no more than 21 days) following total knee arthroplasty (revision and primary), anterior cruciate ligament

reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Guidelines support home use up to 17 days while patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. Guideline criteria have been met. The use of continuous passive motion following knee arthroplasty is consistent with guidelines. The 4/17/14 utilization review approved use of continuous passive motion for up to 10 days use. There is no compelling reason to support the medical necessity of continuous passive motion beyond the initial duration of use currently certified and consistent with guidelines. Therefore, this request for continuous passive motion #14 is not medically necessary.