

<b>Case Number:</b>	CM14-0080157		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	08/23/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Internal Medicine 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 injured worker is a 62-year-old male whose date of injury is 08/23/12. The records indicate the injured worker underwent medial and lateral meniscectomy. The injured worker was seen on 03/31/14 and states that the unloaded brace is slightly decreasing his pain. On physical examination he continues to have medial joint line tenderness with synovial thickening and 0 to 1+ effusion. He has documented MRI and x-rays which demonstrate degenerative changes in the medial joint space. The injured worker was recommended to undergo medial unicompartamental knee replacement. This surgical procedure was approved on 05/02/14; however, a request for durable medical equipment post-op CPM rental for three weeks was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment-post-op Continuous Passive Motion (CPM) rental for three weeks quantity: 3:** Overturned

**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 and 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, Continuous Passive Motion (CPM)

**Decision rationale:** Per ODG criteria, continuous passive motion is indicated for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements. The injured worker is to undergo medial unicompartamental knee replacement. Following this surgery the injured worker will have limited mobility and/or inability to comply with rehabilitation exercises, and therefore would be at risk of a stiff knee. As such, the request for durable medical equipment-post-op CPM rental for three weeks is medically necessary.