

<b>Case Number:</b>	CM13-0010908		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	07/16/2009
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	08/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Minnesota, Florida

Certification(s)/Specialty: Orthopedic Surgery

### 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 60-year-old female who sustained an industrial injury to the right knee on July 16, 2009 while employed as a housekeeper. She underwent arthroscopic anterior cruciate ligament reconstruction on December 16, 2009 with fixation of the ACL using an Endobutton in the distal femur. An MRI scan of the right knee dated June 7, 2013 revealed status post double bundle ACL reconstruction utilizing a tibialis anterior allograft without evidence of graft disruption seen. Moderate to severe chondromalacia of patella was noted. Moderate to large suprapatellar joint effusion was present. There was a ruptured popliteal cyst with subcutaneous edema. Mild-to-moderate osteoarthritis was noted. On June 26, 2013 she underwent arthroscopy of the right knee. The postoperative diagnosis was chondromalacia of the medial compartment and patellofemoral joint, synovitis, and medial and lateral meniscal tears. The procedure performed included medial and lateral partial meniscectomies and chondroplasty of the patellofemoral joint and medial compartment and synovectomy/debridement. A lateral retinacular release was also performed. A pain pump was inserted. The date at the bottom of the operative report page appears as July 26, 2013 although at the top of the operative report page it is June 26, 2013. On August 7, 2013 utilization review denied a request for postoperative CPM machine 21 day rental for the right knee. The reason for the denial was lack of information necessitating the request. The guidelines do not recommend use of a CPM machine after arthroscopic surgery unless there is a specific reason. This was appealed to an independent medical review on August 14, 2013. This is a retro-review of the request.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM MACHINE 21 DAY RENTAL FOR POST-OPERATIVE RIGHT KNEE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines, Section: Knee, Topic: Continuous passive motion.

**Decision rationale:** ODG guidelines specify use of continuous passive motion in the hospital setting after knee surgery for a total knee arthroplasty, anterior cruciate ligament reconstruction if inpatient care, and open reduction and internal fixation of tibial plateau or distal femur fractures. In the home setting, the indications are under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty, which may include patients with complex regional pain syndrome, extensive arthrofibrosis or tendon fibrosis, physical, mental or behavioral inability to participate in active physical therapy, and total knee arthroplasty or revision of the same. The documentation provided does not indicate any of these conditions. The CPM machine was requested after a knee arthroscopy with partial medial and lateral meniscectomies and shaving of chondromalacia. The guideline criteria for the request for 21 day rental of the CPM machine have not been met and as such, the medical necessity of the request is not substantiated.