

<b>Case Number:</b>	CM14-0169947		
<b>Date Assigned:</b>	10/20/2014	<b>Date of Injury:</b>	07/24/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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. 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: Illinois, California, Texas  
 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 52-year-old female who sustained an industrial injury on 7/24/11, relative to a fall. She was diagnosed with a left medial meniscus tear and underwent left knee arthroscopy with meniscectomy and debridement on 8/19/14. The 8/29/14 treating physician report cited intermittent mild to moderate left knee pain. The patient was 10-days post surgery and was using crutches. Physical exam noted mild ballottment with range of motion limited due to pain. Wounds were clean with no evidence of infection. Sutures were removed. The treatment plan recommended initiation of physical therapy 3 times per week for 4 weeks and to start continuous passive motion machine use for one month. A CPM rental for 21 days was requested for post-op therapy of the left knee. The 9/17/14 utilization review non-certified the request for 21-day rental of continuous passive motion (CPM) unit based on a lack of guideline support for use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Knee CPM rental 21 days:** 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), 2014, Knee & Leg (Acute & Chronic), Continue 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 (CPM).

**Decision rationale:** The California MTUS does not provide recommendations for continuous passive motion following knee arthroscopic surgery. The Official Disability Guidelines recommended the use of continuous passive motion (CPM) devices in the home for up to 17 days for patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. Physical therapy has been prescribed. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request is not medically necessary.