

<b>Case Number:</b>	CM14-0192637		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	02/03/2014
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Surgery 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 63 year old female claimant with an industrial injury dated 02/03/14. Exam note 09/12/14 states the patient returns with knee pain with the left worse than the right left. Upon physical exam there was a well-healed wound present. The patient explains having limited mobility and has to use a walker. The patient explains that current medications aid in pain relief. There is severe varus alignment noted in the exam note with the left side worse than the right. During the range of motion test there is grinding and crepitus with both knees. There was evidence of tenderness surrounding all three compartments of both knees. It is noted that the patient has severe bilateral knee osteoarthritis. Claimant is status post total knee on 9/15/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical service: status post right knee continue use of CPM (continuous passive motion) until next visit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Criteria for the use of continuous passive motion devices

**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, CPM

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. The claimant is status post total knee on 9/15/14. There is no medical rationale why the CPM should be continued beyond 21 days. As the guideline criteria have not been met the request is not medically necessary.