

<b>Case Number:</b>	CM14-0199160		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	04/20/2010
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Physical Medicine Rehab, has a subspecialty in Interventional spine 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 patient is a 52 year old female with an injury date of 04/20/10. Based on the 09/03/14 progress report, the patient complains of right knee pain and low back pain which radiates to the right leg. She has numbness, paresthesias, tingling, spasm, and weakness in her right leg. The 09/14/14 report indicates that the patient has low back pain with radiation to her lower extremities and rates her pain as an 8/10. She has swelling and buckling of the right knee. In regards to the lumbar spine, there is palpable paravertebral muscle tenderness with spasm. Seated nerve root test is positive. Standing flexion and extension are guarded and restricted. There is tingling and numbness in the lateral thigh, anterolateral and posterior leg as well as foot, L5 and S1 dermatomal patterns. There is tenderness in the joint line of the knee. She has a positive patellar grind test, positive McMurray, crepitus, and a painful range of motion. The 10/02/14 report states that the patient has atrophy in the quadriceps and a positive straight leg raise at 40 degrees. Range of motion is limited due to pain. Sensation to light touch is decreased on the right, in the lateral thigh, in the lateral calf, and in the dorsal foot. On 09/18/13, the patient had a right total knee replacement and on 06/09/14, she had a lumbar steroid epidural injection. The patient's diagnoses include the following: 1. Low back pain 2. Lumbar disc displacement 3. Lumbar radiculopathy The utilization review determination being challenged is dated 11/07/14. Treatment reports were provided from 04/25/14- 10/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Machine Rental for 6 Weeks: Upheld**

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

**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 (Acute and Chronic) Chapter under the Continuous Passive Motion (CPM).

**Decision rationale:** The patient presents with right knee pain and low back pain which radiates to the right leg. The request is for a CPM machine rental for 6 weeks. The report with the request was not provided nor is there any discussion regarding this request. The ACOEM and MTUS do not discuss Continuous passive motion devices. ODG Knee and Leg (Acute and Chronic) Chapter under the Continuous Passive Motion (CPM) section has the following: "Recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary) (2) Anterior cruciate ligament reconstruction (if inpatient care) (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005) For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight: (1) Under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision; this may include patients with: (a) complex regional pain syndrome; (b) extensive arthrofibrosis or tendon fibrosis; or (c) physical, mental, or behavioral inability to participate in active physical therapy. (2) Revision total knee arthroplasty (TKA) would be a better indication than primary TKA, but either OK if #1 applies. Per 10/02/14 report, the patient is diagnosed with low back pain, lumbar disc displacement, and lumbar radiculopathy. She has swelling and buckling of the right knee. There is tenderness in the joint line of the knee. She has a positive patellar grind test, positive McMurray, crepitus, and a painful range of motion. The patient has atrophy in the quadriceps and a limited range of motion. Sensation to light touch is decreased on the right, in the lateral thigh, in the lateral calf, and in the dorsal foot. In this case, the report with the request was not provided. On 09/18/13, the patient had a total knee replacement and on 10/06/14, she had a preoperative consultation for a right knee arthroscopic procedure. The request appears to be for post-operative use following the proposed arthroscopic procedure. ODG guidelines do not support longer than 21 days of CPM following knee surgery as listed above. This request is for 6 weeks of CPM and therefore, the request is not medically indicated.