

<b>Case Number:</b>	CM14-0205473		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### 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: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 35-year-old male who reported injury on 06/25/2014. The injured worker was noted to undergo a PLM/ACL reconstruction in 11/2014. The mechanism of injury was as the injured worker was walking out a customer's office after making a delivery he stepped on something that was on the ground and fell forward to the ground. The injured worker fell directly on his right knee and struck his head on a concrete wall. The injured worker underwent x-rays and a CT scan. The diagnoses included sprain and strain and of the cervical and right knee contusion and blunt head trauma. The injured worker was noted to have constant pain in his right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM for knee - 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), Knee Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Continuous Passive Motion.

**Decision rationale:** The Official Disability Guidelines recommend a CPM machine postoperatively for injured workers with anterior cruciate ligament reconstruction if they are inpatient and for home use up to 17 days after surgery immediately postoperative if the injured worker had a total knee arthroplasty or revision. The clinical documentation submitted for review indicated the injured worker underwent an anterior cruciate ligament reconstruction. However, there was a lack of documentation indicating the injured worker had a total knee arthroplasty or revision to support the use of a CPM machine for 21 days. The documentation indicates the injured worker would start the CMP machine 1 week after surgical intervention. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate whether the unit was for rental or purchase and the need to utilize the CMP machine. Given the above, the request for CMP machine for 21 days is not medically necessary.