

<b>Case Number:</b>	CM14-0208388		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	07/24/2012
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of July 4, 2012. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for a continuous passive motion rental for two months. The claims administrator stated that the applicant had already had a several-week rental at the time the attending provider sought authorization to extend the CPM rental. Non-MTUS ODG guidelines were invoked. The claims administrator stated that the applicant's range of motion was significantly improved. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant was described as having returned to work as an event planner in one section of the note. In another section of the note, it was stated that the applicant had been taken off of work. The applicant still had some pain following a total knee arthroplasty procedure. -2 to 115 degrees of knee range of motion were appreciated. The applicant's range of motion was improved. The applicant was asked to continue home exercises. Pain was apparently limiting the applicant to some extent. Tramadol, physical therapy, and Voltaren gel were endorsed. On November 18, 2014, the applicant's primary treating provider stated that the applicant was possessed of 120 degrees of knee range of motion. It was stated that the applicant had used the CPM device for three to four weeks. The applicant was using Dilaudid for pain relief. The applicant was apparently working with a specialized chair at work, six hours a day, two days a week. The applicant was on Dilaudid for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM x 2 months for 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, Knee Chapter, Continuous passive motion (CPM)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Continuous Passive Motion section.

**Decision rationale:** The MTUS does not address the topic. The Third Edition ACOEM Guidelines note, however, that continuous passive motion devices are not routinely recommended following a total knee arthroplasty surgery but, rather, should be reserved for select, substantially physically inactive applicants postoperatively. Here, however, there was/is no evidence that the applicant was substantially inactive postoperatively. The applicant was working on a part-time basis as of the November 18, 2014 progress note on which the attending provider sought authorization for an additional two months of the CPM device. The applicant's knee surgeon wrote on October 9, 2014 that the applicant was possessed of 120 degrees of knee range of motion. The applicant was asked to continue both physical therapy and home exercises on that date. There was, in short, no evidence that the applicant was substantially inactive postoperatively so as to require usage of the CPM device at issue. Therefore, the request is not medically necessary.