

<b>Case Number:</b>	CM15-0101224		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	03/24/2006
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 53 year old male, who sustained an industrial injury on 3/24/2006. The current diagnoses are severe osteoarthritis of the left knee, status post total left knee arthroscopy (3/31/2015). According to the progress report dated 5/14/2015, the injured worker is 6 weeks post-op. He notes that his range of motion is not improving as quickly as he would like. The physical examination of the left knee reveals mild swelling. The current medications are Norco, Percocet, Tramadol, and Trazadone. Treatment to date has included medication management, x-rays, physical therapy, home exercise program, and surgical intervention times five. The plan of care includes knee CPM x 14 days with soft goods.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee CPM x 14 days with soft goods:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute & Chronic).

**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 (Acute & Chronic), continuous passive motion.

**Decision rationale:** The claimant sustained a work-related injury in March 2006 and underwent a left total knee replacement on 03/31/15. When seen, he had completed home-based physical therapy and was unsure as to whether he wanted to participate in for physical therapy treatment. There was decreased knee range of motion 90 degrees. He was performing a home exercise program and walking daily. There was mild swelling and decreased range of motion. The claimant's BMI is nearly 34. Continuous passive motion (CPM) can be recommended for use after a revision or primary total knee arthroplasty for up to 17 days after surgery. In this case, the claimant's surgery was done more than 6 weeks prior to this request. Physical therapy and home exercises would be the mainstay of treatment. The requested CPM use at this point in the post-operative period is not medically necessary.