

<b>Case Number:</b>	CM15-0105381		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	10/22/2010
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 64 year old female who sustained a work related injury October 22, 2010. While mopping a floor, she turned and her leg slipped sideways. She prevented a fall by supporting herself on the mop, with an immediate onset of pain and swelling in her right knee, later described as a valgus injury. Past history included a right knee arthroscopic partial, medial, and lateral meniscectomy, synovectomy, and chondroplasty of the medial femoral condyle January, 2011. According to an initial orthopedic consultation report, dated April 17, 2015, the injured worker presented with complaints of inability to walk one city block, stand for more than 30 minutes, and inability to kneel and squat due to right knee pain. An MRI performed July 17, 2014, revealed evidence of either complex tear versus post-surgical changes involving the lateral meniscus with the absence of normal appearing lateral meniscus; grade II signal in the medial meniscus; hypertrophic changes in the lateral joint space, with moderate to severe hypertrophic changes involving the distal femur, patella, and proximal tibia. Physical examination revealed antalgic gait, favoring the right knee and a shortened stance phase on the right. Right knee examination revealed a severe valgus deformity both in the weight bearing and supine positions. There is moderate tenderness over the medial aspect of the right knee, and tenderness over the lateral joint and popliteal fossa. Diagnoses are s/p right knee arthroscopy and severe advanced degenerative joint disease, right knee. A request for right total knee arthroplasty and associated services were authorized. At issue, is the request for authorization for CPM (continuous passive motion) machine rental for 21 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Continuous Passive Motion machine rental for 21 days: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Continuous Passive Motion. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Continuous Passive Motion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Continuous passive motion (CPM).

**Decision rationale:** MTUS is silent with regards to a Continuous Passive Motion (CPM) unit. ODG states, "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." ODG further quantifies, "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. Medical records provided indicate this patient will be inpatient for 2-3 days post-surgery. The request for 21 days is in excess of the 17 day limit placed for home setting. The treatment notes do not specify extenuating circumstances why regular physical therapy cannot be initiated or why an exception to guidelines should be granted. The previous reviewer modified the request to 17 days. As such, the request for Continuous Passive Motion machine rental for 21 days is not medically necessary at this time.