

<b>Case Number:</b>	CM15-0160715		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	08/03/2011
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 60 year old female, who sustained an industrial injury on 8-3-2011. The mechanism of injury was lifting heavy boxes and sustained a fall. The injured worker was diagnosed as having a right total knee arthroplasty and bilateral knee anterior cruciate ligament tears. There is no record of a recent diagnostic study. Treatment to date has included lumbar epidural steroid injection, therapy and medication management. In a progress note dated 7-7-2015, the injured worker complains of bilateral knee pain. Physical examination showed left knee joint pain with decreased range of motion. The treating physician is requesting continuous passive motion-30 day rental for the right knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion, 30 Day Rental 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 (ODG).

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

**Decision rationale:** The patient presents with right knee pain. The request is for continuous passive motion, 30 day rental right knee. Patient is status post total right knee arthroplasty surgery, 05/05/15. Physical examination to the right knee on 07/07/15 revealed a healed scar; range of motion was noted to be decreased. Per 05/06/15 progress report, patient's diagnosis include status post right total knee replacement, hypothyroid, anxiety/depression, and chronic pain, sciatica. Patient's medications, per 04/07/15 progress report include Norco, Neurontin, Colace, Celexa, and Celebrex. Patient is temporarily totally disabled, per 07/07/15 progress report. ODG Knee chapter, under Continuous Passive Motion (CPM), criteria for the use of continuous passive motion devices states: "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." The treater has not specifically discussed this request; there was no RFA either. Patient is status post total right knee arthroplasty surgery, 05/05/15. Review of the medical records provided indicate that the patient has completed a post-surgery rehab program, from 05/08/15 through 05/22/15, which included continuous passive motion (CPM) and physical therapy. In this case, the treater has not documented the need for additional CPM therapy. Furthermore, ODG guidelines only allow for up to 17 days of use following surgery. The current request for 30 days rental exceeds guideline recommendations. Therefore, the request is not medically necessary.