

<b>Case Number:</b>	CM15-0197364		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/24/2011
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2015

### 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: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 66-year-old male who sustained an industrial injury on 2/24/11. Injury occurred when a vehicle ran over his foot and he fell, striking his head. He sustained a severe left foot and leg crush injury. Past medical history was positive for diabetes, hypertension, and hypercholesterolemia. He subsequently underwent left knee partial medial meniscectomy in 2012, left ankle excision of medial and lateral malleolar fracture fragments and excision of distal tibial osteophyte impinged tissue in 2012, and left ankle arthroscopy with microfracture of the talar osteochondral defect and excision of impingement and synovitic tissue in 2014. Conservative treatment had included medications, physical therapy, acupuncture, injections, bracing, and activity modification. The 7/21/15 left ankle MRI revealed small subtalar joint effusion, lateral malleolus subcutaneous edema, posterior talus Stieda process, Achilles tendon tendinosis, mild tibiotalar joint osteoarthritis, and osteochondral lesion in the lateral cuneiform bone. The 8/5/15 podiatric report cited persistent left foot/ankle symptoms with difficulty with gait and pain with ambulation. Recent imaging was reviewed and showed osteoarthritis of the ankle joint. Physical exam documented normal lower extremity neurologic exam and 5/5 foot/ankle muscle strength. There was swelling and edema of the left ankle with well-healed surgical incisions. The diagnosis included severe left ankle degenerative joint disease with limited range of motion and painful gait. The treatment plan recommended arthroscopic left ankle joint surgery with extensive debridement, 24 sessions of post-op physical therapy, and pre-operative clearance. Authorization was requested for post-operative durable medical equipment to include continuous passive motion (CPM) for the left ankle and a CPM ankle kit. The 9/30/15 utilization review non-certified the requests for continuous passive motion (CPM) for the left ankle and a CPM ankle kit as there were no guideline recommendations to support use of this device following an arthroscopic debridement.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM for the left ankle:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous passive motion (CPM) and Other Medical Treatment Guidelines State of Colorado, Division of Workers Compensation, Lower Extremity Injury, Medical Treatment Guidelines, 2009, page 116.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for continuous passive motion (CPM). The Official Disability Guidelines do not provide recommendations for this device following ankle surgery. Guidelines generally support inpatient continuous passive motion for patients at risk of joint stiffness, but state that routine use of home continuous passive motion has minimal benefit. The Colorado Lower Extremity Medical Treatment Guidelines state that CPM is effective in preventing the development of joint stiffness if applied immediately following surgery. The optimum and maximum recommended duration of post-operative use is 3 weeks. Guideline criteria have not been met. There is no current range of motion documentation submitted. There is no rationale indicating why continuous passive motion would be required over the anticipated post-op physical therapy or independent range of motion exercise. Additionally, the request for indefinite length of use exceeds the maximum recommended duration. Therefore, this request is not medically necessary.

**CPM ankle kit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous passive motion (CPM) and Other Medical Treatment Guidelines State of Colorado, Division of Workers Compensation, Lower Extremity Injury, Medical Treatment Guidelines, 2009, page 116.

**Decision rationale:** As the associated durable medical equipment request is not supported, this request is not medically necessary.