

<b>Case Number:</b>	CM15-0211650		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	07/24/2010
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	10/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Arizona

Certification(s)/Specialty: 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:

The injured worker is a 58 year old female, who sustained an industrial injury on 07-24-2015. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for progressive left knee degenerative joint disease. Medical records (03-09-2015 to 08-31-2015) indicate ongoing chronic left knee pain despite medications, arthroplasty and physical therapy (PT). A recent arthroscopy revealed grade II chondromalacia of the lateral femoral condyle, tibial plateau and patellofemoral joint. Per the treating physician's progress report (PR), the IW has not returned to work. The PR, dated 08-31-2015, states that the IW has been approved for a revision of the left knee replacement but this is being delayed until the right foot surgery has healed. Relevant treatments have included: left knee arthroplasty and arthroscopies, right foot surgery, physical therapy (PT), work restrictions, and pain medications. The request for authorization (10-16-2015) shows that the following equipment was requested: post-operative continuous passive motion (CPM) unit rental, left knee, 30 day rental. The original utilization review (10-21-2015) non-certified the request for post-operative continuous passive motion (CPM) unit rental, left knee, 30 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-operative continuous passive motion (CPM) unit rental, left knee, 30 day rental:**

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 & Leg (Acute & Chronic) - Continuous passive motion (CPM).

**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.

**Decision rationale:** ODG recommends the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty (revision and primary) and for home use up to 17 days while the patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. The use of continuous passive motion would be appropriate up to 21 days in the hospital setting and up to 17 days in the home setting. Therefore, the request for postoperative continuous passive motion (CPM) unit rental, left knee, 30 day rental is not medically necessary and the prior utilization review is upheld.