

<b>Case Number:</b>	CM15-0042668		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	12/13/2011
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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, Illinois  
Certification(s)/Specialty: Internal 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 50-year-old male who reported an injury on 12/13/2011, with no specific mechanism of injury having been stated. He was diagnosed with degenerative joint disease of the knees and as of 02/27/2012 was status post left knee arthroscopy, bilateral ankle sprain, and calcaneal spurs. He had previously been prescribed physical therapy, but did not have any improvement. MRI of the left knee performed on 08/21/2014 identified some abnormalities within the meniscal region and the femoral condyle. He also had thinning cartilage of the patella and femoral trochlea causing narrowing of the joint space. The injured worker was slated to undergo partial meniscectomy and chondroplasty via arthroscopy on 02/18/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee CPM (14 days rental):** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG (Knee).

**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 Chapter, Continuous Passive Motion.

**Decision rationale:** According to the Official Disability Guidelines, without confirmation that the injured worker has been authorized for undergoing surgery, use of a knee CPM cannot be supported. CPM devices may be utilized in the hospital or for home use for those injured workers at risk of a stiff knee. The devices are able to be used for 4 to 10 conservative days at no more than 21 days following a procedure. However, without reference to the injured worker having been authorized for any operative repair of the knee in question, the ancillary request for continued passive motion for 14 day rental is not medically necessary at this time.