

<b>Case Number:</b>	CM15-0046051		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 57 year old male who sustained an industrial injury on 06/21/2012. Current diagnosis included advanced arthritis left knee. Previous treatments included medication management, Hyalgan injections, physical therapy, and home exercise. Report dated 01/23/2015 noted that the injured worker presented with complaints that included knee catches and remains sore. Pain level was not included. Physical examination was positive for abnormal findings. The treatment plan included requests for left total knee replacement, assistant surgeon, 3 day stay at skilled nursing facility (SNF), CMP polar care, front wheeled walker, medical clearance and home physical therapy 3x2 weeks post-op, and recheck in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of (CPM) continuous passive motion for left total knee replacement: 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), Knee and Left- Knee joint replacement, 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 Knee chapter, under Continuous Passive Motion (CPM).

**Decision rationale:** The patient presents with complaints that included knee catches and remains sore. Pain level was not included. The request is for Rental of (Cpm) Continuous Passive Motion For Left Total Knee Replacement. Patient's diagnosis included advanced left knee arthritis. Previous treatments included medication management, Hyalgan injections, physical therapy, and home exercise. Treatment plan included requests for left total knee replacement. Patient is to remain off work for 6 weeks, per progress report dated 01/23/15. 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. Treater is requesting a rental CPM device for post-operative purposes. Per progress report dated 01/23/15, the patient is to have a left total knee replacement. ODG guidelines allow for home use of CPM, up to 17 days after surgery while patients are at risk of a stiff knee are immobile or unable to bear weight. In this case, given the forthcoming knee surgery, the request is reasonable but the treater does not specify the duration for rental. Up to 17 days are allowed but not more. The request IS NOT medically necessary without a limited time-frame for the request.