

<b>Case Number:</b>	CM15-0060382		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	05/12/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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 24-year-old female who sustained an industrial injury on 9/25/14. Injury occurred while she was carrying a heavy box when she turned and twisted, and felt a pop and sharp pain in the left knee. Conservative treatment included anti-inflammatory medications, pain medications, activity modification, crutches, and physical therapy. Records documented persistent severe anterior knee pain, swelling, and inability to fully flex or extend the knee. She was unable to return to work. The 12/2/14 left knee MRI impression documented an unremarkable study. The 2/16/15 treating physician report cited severe left knee pain and a flexion contracture. Plain film radiographs demonstrated chondromalacia patella and a lateral patellar tilt. Physical exam documented atrophy of the left thigh, lateral patellar subluxation, crepitus and pain about the patellofemoral joint, and point tenderness about the medial joint line. Range of motion was -20 to 120 degrees. Strength and sensation were normal. The diagnosis was left knee patellofemoral instability with chondromalacia patella, and flexion contracture with thigh muscle atrophy. The 3/6/15 treating physician appeal letter indicated that the injured worker remained symptomatic with moderate effusion, lateral patellar tilt, crepitus and pain about the patellofemoral joint, and medial joint line tenderness. She continued to have anterior knee pain and locking. The MRI was unremarkable, however plain radiographs demonstrated lateral patellar tilt and subluxation consistent with patella femoral instability. The treating physician report recommended left knee arthroscopy with lateral release based on her clinical presentation and plain film radiographs. Associated requests included 21-day rental of a continuous passive motion (CPM) machine. The 3/18/15 utilization review non-certified the

request for 21-day rental of a post-op CPM machine as the associated surgery was not medically necessary.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Post-op continuous passive motion machine x 21 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.

**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).

**Decision rationale:** The California MTUS does not provide recommendations for continuous passive motion (CPM). The Official Disability Guidelines recommended the use of CPM devices in the home for up to 17 days for patients who are immobile and unable to bear weight after primary or revision total knee arthroplasty. There is no guideline support for the routine or prophylactic use of a CPM unit following knee arthroscopy. There is no compelling reason to support the medical necessity of CPM for this patient. Therefore, this request for is not medically necessary.