

<b>Case Number:</b>	CM15-0060638		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/24/2015
<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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 52 year old female, who sustained an industrial injury on 10/23/13. She reported initial complaints of blunt trauma to left knee. The injured worker was diagnosed as having medial meniscal tear left knee; chondromalacia patella-femoral compartment left knee; swelling intra-articular left knee/severe left quadriceps insufficiency. Treatment to date has included MRI left knee (11/4/13); MRI left knee (2/26/14) status post left knee examination under anesthesia / arthroscopy, arthroscopic extensive chondroplasty of medial femoral condyle/medial tibial plateau, extensive chondroplasty patellofemoral compartment, synovectomy, arthroscopic lateral retinacular release (11/12/14); post-operative physical therapy; status post left examination of left knee under anesthesia, arthroscopy of left knee with extensive lysis of adhesions/patellofemoral chondroplasty/chondroplasty of the medial femoral condyle weight bearing portion with subsequent manipulation. (3/20/15). Currently, the PR-2 notes dated 3/16/15 the injured worker complains of constant pain in the left knee with occasional swelling and limited flexion. The provider's treatment plan included a urine drug screening for pre-operative purposes, left knee arthroscopy with lysis of adhesions; physical therapy and CPM rental x 2 weeks post op left knee for capsulitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM rental x 2 weeks post op left knee: 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 & Leg - Continuous passive motion (CPM).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The MTUS states that the post-surgical treatment for knee arthroplasty is 24 visits of physical therapy over 10 weeks. Patient has been approved for 12 sessions of post-operative physical therapy for the left knee. The Official Disability Guidelines stipulate that post-operative use of continuous passive motion machines may be considered medically necessary 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. With the authorized physical therapy, the patient is not at risk of being immobile. CPM rental x 2 weeks post op left knee is not medically necessary.