

<b>Case Number:</b>	CM14-0149066		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	11/23/2011
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/13/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in Texas & Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 62-year-old male who reported an injury on due to cumulative trauma on 11/23/2011. On 08/07/2014, his diagnoses included severe degenerative joint disease of the left knee with genu valgus deformity and cystic bony lesion of the proximal tibia, left knee. His complaints included pain and soreness of the left knee joint which was aggravated by daily activity. He had difficulty walking with full weight bearing and a tendency of the knee to give out. Upon examination, there was tenderness on the medial aspect of the knee joint and a popping and grinding during flexion and extension. The recommendations were that he would require a total knee arthroplasty and bone graft and possibly posterior cruciate substitute prosthesis with extension of the tibial stem. The stem extension of the tibial component would be followed by intensive physical therapy and also a CPM device for the first week after surgery. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM x 30 day rental for post-op TKA:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Continuous passive motion (CPM)

**Decision rationale:** The request for CPM x30 day rental for post op TKA is not medically necessary. The Official Disability Guidelines recommend continuous passive motion for the knee for in hospital use or for home use for injured workers at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular physical therapy may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. In the acute hospital setting, postoperative use may be considered medically necessary for 4 to 10 consecutive days, but no more than 21 days for a total knee arthroplasty. The request did not include parameters for usage including duration of each session and frequency of use. The 30 days requested for this piece of medical equipment exceeds the recommendations in the Guidelines. Therefore, this request for CPM x30 day rental for post op TKA is not medically necessary.