

<b>Case Number:</b>	CM14-0047587		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/27/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	03/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2014

### 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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old male was reportedly injured on September 27, 2012. The mechanism of injury was noted as slipping when getting out of a trailer. The most recent progress note, dated March 18, 2014, indicated that there were ongoing complaints of right knee pain. The physical examination demonstrated range of motion from 0 to 90 and a mild effusion. No diagnostic imaging reports were included on this date. Previous treatment included a right knee surgery for a lateral meniscectomy and debridement performed on March 18, 2014. A request had been made for a 30 day rental of a CPM unit and was not certified in the pre-authorization process on March 28, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A 30-day rental of a CPM unit for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ODG, Criteria for the Use of Continuous Passive Motion Devices.

**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, updated June 5, 2014.

**Decision rationale:** According to the Official Disability Guidelines, the criteria for the use of a continuous passive motion device (CPM) includes a total knee arthroplasty, anterior cruciate ligament reconstruction, or open reduction and internal fixation of the fracture. The injured employee's knee surgery consisted of a lateral meniscectomy and debridement. Therefore, this request for a 30 day rental of a CPM unit for the right knee is not medically necessary.