

<b>Case Number:</b>	CM14-0219129		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	02/22/2010
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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. 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: Minnesota, Florida  
 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:

The injured worker is a 58 year-old male, who was injured on February 22, 2010, while performing regular work duties. The mechanism of injury is not indicated. The injury is to the right knee. The injured worker is retired from the fire department. The records indicate the injured worker had previous right knee surgery in 1978, which was determined to be work related. The records indicate radiological findings of arthritic changes; however the reports are not available for this review. The injured worker has received treatment including physical therapy, medications, a home exercise program, and injections. The request is for continuous passive motion purchase, and cold therapy purchase. The primary diagnosis is post traumatic arthritis of the right knee. On December 8, 2014, Utilization Review non-certified the request for continuous passive motion purchase, and provided a modified certification of rental of cold therapy, based on ODG guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated Surgical Services- Continuous Passive Motion (CPM): 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 Section: Knee, Topic: Continuous Passive Motion

**Decision rationale:** The Utilization Review denial was for the purchase of a CPM machine. With regard to the continuous passive motion machine purchase, ODG guidelines recommend postoperative use in the acute hospital setting for 4-10 consecutive days (no more than 21) for a primary total knee arthroplasty. For home use, the guidelines recommend use up to 17 days after surgery while patients are at risk of a stiff knee and are immobile and unable to bear weight. This is indicated under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. As such, a 3 week rental is usually appropriate; however, purchase of the continuous passive motion machine as requested is not supported by guidelines and the medical necessity of the purchase request is not established. The IMR application does not specify if this is a rental or purchase and does not specify the duration of the rental and so the medical necessity of the request as stated is also not established.

**Associated Surgical Services- Cold Therapy Purchase:** 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 Section: Knee, Topic: Continuous Flow Cryotherapy

**Decision rationale:** ODG guidelines recommend continuous-flow cryotherapy as an option after surgery but not for nonsurgical treatment. The postoperative use is generally up to 7 days including home use. Continuous-flow cryotherapy decreases pain, inflammation, and swelling and need for narcotic use after surgery. As such, one week rental is recommended. However, the request pertains to a purchase of the cold therapy unit which is not supported by guidelines as use beyond 1 week is not indicated. As such, the request for purchase of the cold therapy unit is not supported and the medical necessity is not established.