

<b>Case Number:</b>	CM15-0119111		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/24/2014
<b>Decision Date:</b>	07/28/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 77 year old female who sustained a work related injury February 24, 2014. Past history included hypertension, diabetes mellitus, breast cancer, with right breast lumpectomy and right total knee arthroplasty January, 2015. According to the primary treating physician's progress report, dated April 24, 2015, the injured worker returns for a three month post-operative evaluation. There is persistent stiffness in the right knee. She has completed post-operative physical therapy. Objective findings of the right knee included mild swelling, small effusion, healed incision, and no signs of infection. There is a decreased range of motion from her last visit six weeks ago. She lacks full extension of the right knee and has only 80 degrees of flexion. Diagnoses are s/p right total knee arthroplasty; arthrofibrosis, right total knee arthroplasty. Recommendations included right knee manipulation under anesthesia, pre-operative medical clearance, and post-operative physical therapy. At issue, is the request for authorization for a continuous passive motion machine (CPM).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment (DME) continuous passive motion (CPM) machine for arthrofibrosis of the right 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter and pg 18.

**Decision rationale:** According to the ODG guidelines, Criteria for the use of continuous passive motion devices: In the acute hospital setting, postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), for the following surgical procedures: (1) Total knee arthroplasty (revision and primary). (2) Anterior cruciate ligament reconstruction (if inpatient care). (3) Open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint (BlueCross BlueShield, 2005). 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. In this case, the claimant did undergo arthroplasty. The request was for 3 weeks at home use of COM machine. The guidelines limit to 17 days at home. The request for 3 weeks exceeds the guidelines limit and is not medically necessary.