

<b>Case Number:</b>	CM15-0120211		
<b>Date Assigned:</b>	06/30/2015	<b>Date of Injury:</b>	01/26/2004
<b>Decision Date:</b>	07/29/2015	<b>UR Denial Date:</b>	06/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/22/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54-year-old female who sustained an industrial injury on 01/26/2004. There was no mechanism of injury documented. The injured worker was diagnosed with right knee osteoarthritis. The injured worker is status post right knee arthroscopy for partial lateral meniscectomy, chondroplasty and synovectomy on March 6, 2015 followed by a right total knee arthroplasty on April 29, 2015. Treatment to date has included diagnostic testing, surgery, physical therapy, bracing, viscosupplementation, in-home physical therapy and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker was re-evaluated post-right knee arthroscopy with well-preserved motion and some tenderness and swelling. The injured worker was recommended for total knee replacement secondary to a Grade IV medial arthritis of the right knee, Grade IV trochlear damage and patellar arthritis discovered on the previous surgery. According to the in-home physical therapy progress report on May 19, 2015, three weeks post total knee replacement, the injured worker continued to have difficulty with knee flexion activities. Extension was progressing well. Pain level at rest was 5/10. Pain level increased to 8/10 with passive flexion to 75-80 degrees. The injured worker was taking 2 Norco tablets prior to physical therapy. The injured worker was not able to actively progress past 60-70 degrees due to pain. Incision was healing well with minimal edema present. Current medication was noted as Hydrocodone. Treatment plan consists of physical therapy with home exercise program and the current request for continuous passive motion (CPM) 90 days rental for the right knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion (CPM) 90 days rental 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 Official Disability Guidelines, Knee & Leg (05/05/2015) Online Version Continuous Passive Motion (CPM).

**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 (CPM).

**Decision rationale:** Continuous Passive Motion (CPM) 90 days rental for the right knee is not medically necessary per the ODG Guidelines. The MTUS does not address this request. The ODG states that a CPM can be used for home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight. The request for 90 days rental exceeds this recommended period and there are no extenuating factors that would necessitate going against guideline recommendations therefore this request is not medically necessary.