

<b>Case Number:</b>	CM15-0122059		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	06/25/1988
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/24/2015

### 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: Illinois, California, Texas  
 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:

This injured worker is a 77-year-old female who sustained an industrial injury on 6/25/88. The mechanism of injury was not documented. Past medical history was positive for osteoarthritis, hypertension, hypercholesterolemia, bilateral total knee replacement, atrial fibrillation, dyspnea, and asthma. She underwent left total knee arthroplasty approximately 17 years ago. The 5/12/15 treating physician report cited increased frequency of partial giving way of the left knee. She had not fallen was but very worried that she will. She reported two episodes of significant effusion, one of which resulted in an emergency room visit. The swelling had somewhat resolved. Physical exam documented a 12-degree valgus alignment with 2+ laxity of the medial collateral ligament and minimal lateral laxity. X-rays showed a Biomet knee with valgus malalignment and laxity of the medial collateral ligament. Authorization was requested for revision left total knee arthroplasty, 2-3 days inpatient stay, crutches, walker, raised toilet seat, 21 days use of a post-op continuous passive motion (CPM) machine, cold compression unit and physical therapy. The 6/3/15 utilization review certified the requests for revision left total knee arthroplasty with 3 days inpatient stay, crutches, walker, raised toilet seat, home physical therapy sessions, and outpatient physical therapy. The request for a cold compression unit was modified to 7 days use, and the request for post-op CPM unit was modified to 21 days consistent with evidence based medical guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Associated surgical services: Post operative CPM machine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee and leg.

**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:** The California MTUS does not provide recommendations for CPM units following arthroplasty. The Official Disability Guidelines recommended the use of continuous passive motion devices in the acute hospital setting for no more than 21 days following total knee arthroplasty (revision and primary. Guidelines support home use up to 17 days while patients at risk of a stiff knee are immobile or unable to bear weight following a primary or revision total knee arthroplasty. The 6/3/15 utilization review modified the request for continuous passive motion unit to 21 days use. Records indicate that a 3-day inpatient length of stay has been certified. There is no compelling reason to support the medical necessity of a CPM unit for this injured worker following revision total knee arthroplasty beyond guideline recommendations or as an exception to guidelines. Therefore, this request is not medically necessary.

**Associated surgical services: Post operative cold compression unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), knee.

**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: Cold compression therapy; Game Ready accelerated recovery system.

**Decision rationale:** The California MTUS is silent regarding cold compression units. The Official Disability Guidelines state that cold compression therapy is an option after knee surgery. In general, guidelines recommend continuous flow cryotherapy systems for up to 7 days post-operative use. The 6/3/15 utilization review decision modified the request for cold compression unit to a 7-day rental. There is no compelling reason in the records reviewed to support the medical necessity of a cold compression device beyond the 7-day rental recommended by guidelines and previously certified, or as an exception to guidelines. Therefore, this request is not medically necessary.