

<b>Case Number:</b>	CM15-0122233		
<b>Date Assigned:</b>	07/06/2015	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	06/17/2015
<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: North Carolina

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 54 year old male, who sustained an industrial injury on 12/14/09. He reported pain in his left knee. The injured worker was diagnosed as having status post left medial meniscectomy with residual chondromalacia patella. Treatment to date has included left knee surgery on 9/10/10, physical therapy, chiropractic treatments x 12, acupuncture x 12 sessions, a left knee MRI on 10/28/14 showing degenerative changes in the medial and lateral meniscus, Motrin and Ultram. As of the PR2 dated 5/21/15, the injured worker reports continued left knee pain with sharp pain and pressure when ascending and descending stairs. He rates his pain a 7/10. Objective findings include left knee swelling, tenderness to palpation over the patella, medial and lateral joint line and decreased range of motion. The treating physician recommended a left knee arthroscopy. The treating physician requested 30 days rental of a continuous passive motion unit to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 days rental of a continuous passive motion unit to the left 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 Chapter, Continuous Passive Motion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, CPM machine.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on CPM, it may offer beneficial results compared to PT alone in the short-term rehabilitation following total knee arthroplasty. Criteria for the use of CPM devices included: May be considered medically necessary for up to 21 days postoperatively for the following surgical procedures: 1. Total knee arthroplasty; 2. Anterior cruciate ligament reconstruction; 3. Open reduction and internal fixation of the tibial plateau or distal femur fractures involving the knee joint. The ODG states only for use up to 21 days postoperatively. The request is in excess and therefore is not medically necessary and for a period in excess of recommendations without provided clinical justification in the provided medical documentation.