

<b>Case Number:</b>	CM15-0129849		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 51 year old female who sustained an industrial injury on 12/05/2011. Mechanism of injury occurred in her usual and customary duties. Her diagnosis is end stage right knee osteoarthritis. Treatment to date has included diagnostic studies, medications, status post left total knee replacement on 03/27/2013, intraarticular injections and physical therapy. She works modified duty. Her medications include Ibuprofen and Temazepam. A physician progress note dated 05/08/2015 documents the injured worker complains of right knee pain rated 6-7 out of 10, and she has pain on the medial aspect of the knee and on the top of the knee. Range of motion is unrestricted and the right knee pops and clicks. She walks with a limp. On examination there are 2+ effusions with varus deformity. Range of motion is 5-85. Unofficial x rays done with this visit reveals joint space narrowing, subchondral sclerosis, and osteophyte formation in all compartments. The treatment plan includes a right total knee replacement, and a front wheeled walker. Treatment requested is for CPM (Continuous passive motion) therapy, Commode, and Thermacare contrast compression unit, and pad.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Thermacare contrast compression unit, pad:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. 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 chapter and pg 16, 17.

**Decision rationale:** According to the guidelines, Cold/heat therapy is recommended in the form of through a continuous flow unit for up to 7 days post-operatively. In this case, the length of use requested was for 21 days. The length of time requested exceeds the guideline recommendations and is not medically necessary.

**CPM (Continuous passive motion) therapy:** 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 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 chapter and pg 18.

**Decision rationale:** According to the guidelines, CPM is recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. 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. 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 surgery the claimant would be appropriate for continuous passive motion after this 2nd knee surgery, however length of use was not specified and length of use should not exceed 1 week. The request is not substantiated and the CPM is not medically necessary.

**Commode:** 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 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 chapter and pg 13.

**Decision rationale:** Similar to bathtub seats, commodes are considered convenience and not a medical necessity. Although, the claimant may have difficulty with weight bearing, it is not discourage after surgery. There is no indication that he claimant cannot be assisted to use the bathroom. Length of use of the commode is not specified and the commode is not medically necessary.