

<b>Case Number:</b>	CM15-0131406		
<b>Date Assigned:</b>	07/17/2015	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	12/03/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 68 year old male, who sustained an industrial injury on 4-16-2007. The injured worker was diagnosed as having knee osteoarthritis. Treatment to date has included right total knee replacement on 5-04-2015, physical therapy, and durable medical equipment use. On 5-22-2015, the injured worker complains of pain level 3 out of 5, post-operative right knee replacement, noting that he has been doing physical therapy. Exam of the right knee noted trace effusion, anterior incision clean, dry and intact, and range of motion 0-90 without pain or instability. Muscle strength of the knee was 4 of 5 in flexors and extensors and patellar tracking was normal. The treating physician documented that CPM and ice machine "can be discontinued once outpatient physical therapy has been started". Work status was total temporary disability. Physical therapy revisit (5-25-2015) noted homebound due to limited mobility and dependence on an assistive device. Physical therapy initial evaluation progress report (6-09-2015) did not specify homebound status or home session. Per the Request for Authorization dated 6-08-2015, the treatment plan included CPM x30 day extension and Thermacure x30 day extension, non-certified by Utilization Review on 6-15-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM (continuous passive motion device) x 30 day extension:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee: Continuous passive motion (CPM).

**Decision rationale:** ODG recommends home use of a CPM for the individuals at risk for a stiff knee. Routine use of a CPM at home is not recommended. In this case, the patient is described as having 75 of knee flexion in physical therapy. The patient is also diagnosed with shoulder arthritis and is obese. This patient appears at risk for a stiff knee and therefore an additional 30 days of home use is medically necessary. The patient needs an additional 15 of knee flexion in order to be appropriately functional.

**Thermacure x 30 day extension:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Continuous flow cryotherapy.

**Decision rationale:** ODG supports use of cryotherapy in the acute postoperative. In this case the patient continues to have a stiff knee with a slow postoperative recovery after a total knee replacement. The patient must undergo aggressive passive range of motion which can contribute to swelling. The use of continuous flow cryotherapy would be beneficial in this case. Therefore, this request for an additional 30 days of ThermoCare is medically necessary.