

<b>Case Number:</b>	CM15-0176925		
<b>Date Assigned:</b>	09/17/2015	<b>Date of Injury:</b>	07/08/1991
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2015

### 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, Oregon, Washington  
 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:

The injured worker is a 73 year old male, who sustained an industrial injury on 7-08-1991. The injured worker was diagnosed as having tear of lateral cartilage or meniscus of knee, current (left), and osteoarthritis, unspecified whether generalized or localized, lower leg (right). Treatment to date has included diagnostics and medications. Currently (8-07-2015), the injured worker complains of bilateral knee pain. He reported that the arthritis was persistent and worsened. He reported "a lot" of weakness in his left knee and multiple episodes of buckling. Current medications included Pradaxa, Losartan, and Celebrex. He had an antalgic gait, favoring the right. Exam of the left knee noted 1+ effusion in the knee joint, painful active flexion to 130 degrees; positive McMurray's, positive patellar compression and crepitation tests, and Q angle 5-10 degrees. Strength was 5 of 5 and sensation was intact. Magnetic resonance imaging of the left knee (7-20-2015) noted attrition of the posterior horn and body segments, medial meniscus with tear of the posterior horn remnant extending to the tibial articular surface, medial lateral and medial arthrosis with areas of partial thickness cartilage loss, no evidence of medial meniscal tear, atretic posterior root attachment lateral meniscus, no evidence of ligament tear, full thickness cartilage loss medial aspect of the medial trochlea, moderate to severe distal insertional quadriceps tendinosis with thin linear interstitial splits, and prominent enthesophyte arising from the superior pole of the patella, containing intense bone marrow edema. Work status was partial temporary disability. The treatment plan included a left knee partial lateral-medial meniscectomy and debridement (certified) and associated services including CPM (continuous passive motion) x 14 days, Polar Care for indefinite use, and post-operative physical therapy to the left knee x 12. On 8-17-2015, Utilization Review non-certified the CMP and Polar care, and modified post-operative physical therapy to 6 sessions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**(Associated Surgery Services) CPM (continuous passive motion) in days QTY 14: 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-TWC) Treatment: Integrated Treatment/Disability Duration Guidelines, Knee Chapter, Criteria for the use of continuous passive motion devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee section.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of CPM. According to ODG criteria, CPM is medically necessary postoperatively for 4-10 consecutive days but no more than 21 following total knee arthroplasty. It is not indicated after knee arthroscopy. As the guideline criteria have not been met the determination is for non-certification. The request is not medically necessary.

**(Associated Surgery Services) Polar Care Unit for indefinite use: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004.

**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 Chapter regarding continuous flow cryotherapy.

**Decision rationale:** CA MTUS/ACOEM is silent on the issue of cryotherapy. According to ODG, Knee and Leg Chapter regarding continuous flow cryotherapy it is a recommended option after surgery but not for nonsurgical treatment. It is recommended for upwards of 7 days postoperatively. In this case, the request has an unspecified amount of days. Therefore, the request is not medically necessary.