

<b>Case Number:</b>	CM15-0068455		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	08/30/2014
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 45 year old female, who sustained an industrial injury on 8/30/14. She reported right knee pain. The injured worker was diagnosed as having lumbar sprain, rule out annular lumbar disc tear; cervical sprain with trapezius spasm; internal derangement right knee with vertical tear posterior horn medial meniscus and right big toe pain secondary to sprain. Treatment to date has included oral anti-inflammatory medication, knee brace, physiotherapy, ice packs and cortisone injection. Currently, the injured worker complains of right knee pain with intermittent swelling and giving way feeling with going down stairs. Physical exam noted exquisite tenderness over the medial joint line of right knee and pain with flexion; crepitus was also noted. The treatment plan included arthroscopic surgery of right knee. A request for authorization was submitted for CPM machine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM (continuous passive motion) Machine 30 Days Rental For Right 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 & Leg - Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) , continuous passive motion.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and continues to be treated for right knee pain. Arthroscopic surgery is planned for repair if a meniscal tear. Guidelines recommend CPM (continuous passive motion) as an option for home use for up to 17 days after surgery after undergoing a total knee arthroplasty (revision or primary), an anterior cruciate ligament reconstruction, or an open reduction and internal fixation of a tibial plateau or distal femur fracture. In this case, the requested duration of use is for 30 days and a meniscectomy is planned rather than any of the above surgical procedures. The request for the unit is therefore not medically necessary.

**CPM (continuous passive motion) Soft Pads Kit X1:** 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 & Leg - Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) , continuous passive motion.

**Decision rationale:** The claimant sustained a work-related injury in August 2014 and continues to be treated for right knee pain. Arthroscopic surgery is planned for repair if a meniscal tear. Guidelines recommend CPM (continuous passive motion) as an option for home use for up to 17 days after surgery after undergoing a total knee arthroplasty (revision or primary), an anterior cruciate ligament reconstruction, or an open reduction and internal fixation of a tibial plateau or distal femur fracture. In this case, the requested duration of use is for 30 days and a meniscectomy is planned rather than any of the above surgical procedures. The request for the CPM unit pad kit is therefore not medically necessary.