

<b>Case Number:</b>	CM15-0073813		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	12/09/2001
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2015

### 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:

This 64 year old woman sustained an industrial injury on 12/9/2001. The mechanism of injury is not detailed. Treatment has included oral medications and surgical intervention. Physician notes dated 1/27/2015 show continued complaints of left knee and ankle pain. Recommendations include contacting the pharmacy to receive approved medications, further surgical intervention, limit walking, frequent breaks from walking, and follow up in six weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-op walker:** 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), Walking aids (canes, crutches, braces, orthoses, & walkers).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- knee chapter- walking aids and pg 70.

**Decision rationale:** According to the guidelines, walking aids are recommended for most with knee pain. Disability, pain, and age-related impairments seem to determine the need for a walking aid. In this case, the claimant had chronic knee pain, required injections and surgery as well as had difficulty walking at work. The use of a walking aid (though not recently post-op) is appropriate and medically necessary.

**Post-op CPM; 14-day rental:** 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 & Leg - Continuous passive motion (CPM).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee chapter and pg 18.

**Decision rationale:** According to the guidelines, a CPM is recommended under the following criteria: 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 claimant had surgeries years ago. Recent cortisone injections are not considered surgery. Repeat recent surgery was not noted in the documentation. The claimant was able to ambulate at work. The request for post-op CPM is not justified, does not meet criteria and not medically necessary.