

<b>Case Number:</b>	CM15-0075289		
<b>Date Assigned:</b>	04/27/2015	<b>Date of Injury:</b>	01/23/2006
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	03/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 59 year old female, who sustained an industrial injury on 01/23/2006. The initial complaints or symptoms included right knee pain/injury. The initial complaints and diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, x-rays, MRIs, right knee surgery (x2), left knee surgery (x1), and conservative therapies. Currently, the injured worker complains of neck pain, thoracic spine pain, lumbar spine pain, bilateral wrist pain, bilateral knee pain and medial right ankle pain with numbness reported in the right ankle and thoracic spine. The diagnoses include degenerative disc disease of the cervical, thoracic and lumbar spines, cervical facet syndrome, herniated nucleus pulposus without myelopathy at the thoracic and lumbar spine levels, thoracic radiculitis, cervical and lumbar pain, degenerative scoliosis, cervical and thoracic spinal stenosis, carpal tunnel syndrome and knee pain. The treatment plan consisted of a total left knee replacement, which was denied by the utilization review. The request for authorization consisted of CPM (continuous passive motion) unit rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM unit rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Anderson BC, et al. Evaluation of the patient with shoulder complaints. Topic 238, version 23.0. Up-To-Date, accessed 05/17/2015. Chou R, et al. Sub acute and chronic low back pain: Pharmacologic and non-interventional treatment. Topic 7770, version 30.0. Up-To-Date, accessed 05/17/2015. Martin GM, et al. Total knee arthroplasty. Topic 7967, version 14.0. Up-To-Date, accessed 04/01/2015.

**Decision rationale:** The MTUS Guidelines are silent on this issue. The literature and accepted Guidelines strongly support treatment after a total knee arthroplasty with a well-structured physical therapy program. Such a program should include elements of improving range of motion, muscle strengthening, therapy on walking, and improved function. While continuous passive motion devices are often used after surgery, recent literature has not shown significant benefits. The literature does not support its use for ongoing pain in the lower back or shoulder. The submitted and reviewed records indicated the worker was experiencing pain in both knees, the neck, and the lower back with spasms. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for the rental of a continuous passive motion (CPM) unit is not medically necessary.