

<b>Case Number:</b>	CM15-0079761		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	03/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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

### 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 62 year old female, who sustained an industrial injury on 7/12/2012. Diagnoses include knee/leg total knee arthroplasty surveillance, osteoarthritis right knee, left knee pain and left knee injury. Treatment to date has included surgical intervention including a right total knee arthroplasty dated 3/13/2015 and left total knee revision on 2/04/2014 followed by steroid injections, bracing and medications including Norco and Percocet. Per the Primary Treating Physician's Progress Report dated 3/05/2015, the injured worker reported intermittent pain and occasional instability after a revision left total knee replacement. Per the report dated 3/27/2015 she was status post right total knee arthroplasty. She states that she is doing well and denies any numbness or tingling. She is using a CPM machine. Objective findings included difficulty with walking. The dressing on the right lower extremity was intact, incision well healed with no signs of infection. Range of motion of right knee was from 5-80 degrees. The plan of care included physical therapy and continuation of continuous passive motion (CPM) machine use, and authorization was requested, for cold compression unit and CPM device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective 30 day rental of cold compression unit with purchase wrap: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers' Compensation.

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

**Decision rationale:** Regarding the request for a cold compression, California MTUS does not address the issue. ODG supports the use of continuous-flow cryotherapy for up to 7 days after knee surgery. Within the documentation available for review, the request in this case is for cryotherapy in the post-operative period following knee surgery. The worker had right knee revision surgery on March 13, 2015. The Official Disability Guidelines do recommend a cold therapy unit for 7 days of rental, but not as requested for 30 days of rental. In light of the above issues, the current request is not medically necessary.

**Retrospective 30 day rental of continuous passive motion machine with purchase of soft goods:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers' Compensation.

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

**Decision rationale:** Regarding the request for post operative continuous passive motion machine (CPM) for the knee, the California MTUS and ACOEM do not contain criteria for this treatment modality. ODG recommends postoperative use may be considered medically necessary, for 4-10 consecutive days (no more than 21), after total knee arthroplasty, anterior cruciate ligament reconstruction, and open reduction and internal fixation of tibial plateau or distal femur fractures involving the knee joint. Within the information made available for review, the patient has had recent right knee revision surgery on 3/13/15. However, since the number of days is in excess of guidelines, the original request for 30 day rental is not medically necessary.