

<b>Case Number:</b>	CM15-0093859		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	05/21/2012
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Emergency 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 60 year old female, who sustained an industrial injury on 5/21/2012. She reported injury from a slip and fall. The injured worker was diagnosed as having a patellar fracture with left knee arthroscopy performed on 11/5/2014. There is no record of a recent diagnostic study. Treatment to date has included surgery on 11/5/2014 and medication management. In a progress note dated 9/4/2014, the injured worker complains of left knee pain and stiffness. The treating physician is requesting retrospective passive motion exercise device as a postoperative therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Passive Motion Exercise Device: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, Knee and leg, Continuous Passive Motion.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg, Continuous Passive Motion.

**Decision rationale:** The requested Retrospective Passive Motion Exercise Device, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS) does not address this request. Official Disability Guidelines (ODG), Knee & Leg chapter, Continuous Passive Motion, state: "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 (BlueCross BlueShield, 2005). 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." The injured worker was diagnosed as having a patellar fracture with left knee arthroscopy performed on 11/5/2014. There is no record of a recent diagnostic study. Treatment to date has included surgery on 11/5/2014 and medication management. In a progress note dated 9/4/2014, the injured worker complains of left knee pain and stiffness. The treating physician is requesting retrospective passive motion exercise device as a postoperative therapy. The treating physician has not documented the medical necessity for use of this device beyond the referenced guideline recommended time period. The criteria noted above not having been met, Retrospective Passive Motion Exercise Device, is not medically necessary.