

<b>Case Number:</b>	CM15-0095028		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: Internal 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 56 year old male, who sustained an industrial/work injury on 1/22/13. He reported initial complaints of right knee pain and swelling, unstable right total knee replacement. The injured worker was diagnosed as having mid flexion instability with revision of right total knee replacement on 5/1/15. Treatment to date has included medication, diagnostics, and surgery. CT Scan results were reported no evidence of interface widening or osteolysis. Currently, the injured worker complains of right knee pain with swelling. Per the primary physician's progress report (PR-2) on 3/13/15, the examination noted that the knee was moving well but with effusion, no sign of infection with healed surgical incision to knee. Gait non antalgic, 5-10 degrees of hyperextension and further flexes to 125 degrees. Impression was unstable right total knee arthroplasty. Current plan of care included re-evaluation for liner exchange for right knee. The requested treatments include (continuous passive motion) CPM Machine, Rental for the Right Knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CPM Machine, Rental 90 days for the 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Continuous passive motion (CPM).

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical methods. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 13 Knee Complaints indicates that sophisticated rehabilitation programs involving equipment should be reserved for significant knee problems. Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) indicates that continuous passive motion (CPM) is recommended as indicated below, for in-hospital use, or for home use in patients at risk of a stiff knee, based on demonstrated compliance and measured improvements, but the beneficial effects over regular PT may be small. Routine home use of CPM has minimal benefit. Although research suggests that CPM should be implemented in the first rehabilitation phase after surgery, there is substantial debate about the duration of each session and the total period of CPM application. 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 total knee arthroplasty (revision and primary). For home use, up to 17 days after surgery while patients at risk of a stiff knee are immobile or unable to bear weight under conditions of low postoperative mobility or inability to comply with rehabilitation exercises following a total knee arthroplasty or revision. The orthopedic report dated 3/9/15 documented the impression of a probably unstable right total knee arthroplasty. The patient had a history of previous right total knee replacement surgery. Revision surgery was performed on 5/01/15. CPM machine rental for 30 days was requested. Official Disability Guidelines (ODG) indicates that CPM continuous passive motion devices in the acute hospital setting, may be considered medically necessary, postoperatively, for 4-10 consecutive days (no more than 21), for total knee arthroplasty. ODG guidelines limit CPM use to 21 days. The request for CPM machine rental for 30 days exceeds ODG guidelines, and is not supported. Therefore, the request for CPM machine rental is not medically necessary.