MAXIMUS Federal Services

Case Number:	CM13-0010516		
Date Assigned:	09/23/2013	Date of Injury:	05/28/2009
Decision Date:	01/13/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 55 year old male claimant who sustained an injury on 5/28/2009. The claimant was status post 6/6/2013 revision of total left knee arthroplasty and his conservative care has included Soma, Vicodin; [redacted] said 2.5% Solution; Ambien, and physical therapy. His diagnosis was documented as joint contracture, left leg. Range of motion on 07/15/13 was 20 degree flexion contracure and flexion to 115 degrees. The 7/24/2013 [redacted] office visit note stated that the claimant presented with bilateral knee pain. He reported sleep disturbances, but his activity level had increased. He reported that the medications are working well. Physical therapy for his left knee resulted in reported improvement in strength and range of motion. The exam findings revealed joint pain. The claimant ambulated with a left sided antalgic gait and was using a walker. He demonstrated a bow leg deformity and had restricted range of motion with flexion limited to 90 degrees. He had tenderness to palpation over lateral joint line and patella. His neuro exam was intact. The plan was medications, physical therapy, and left knee splint to assist with full extension. The 8/1/2013 physical therapy note states that the claimant got a Dynasplint and reported that his range of motion was increasing and his pain was decreasing. Left knee flexion actively was 105 degrees and passively to 110 degrees. Left knee extension actively was -5 degrees and passively to -3 degrees [redacted] is requesting left knee extension dynasplint for the left knee for 8 week rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 knee extension dynasplint for the left knee for 8 week 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 Official Disability Guidelines (ODG), Knee, Static Progressive Stretch Therapy.

Decision rationale: The extension knee splint is not indicated and appropriate upon revision of knee arthroplasty. There has been no documentation that after revision using knee extension splinting is clinically efficacious and is for this reason is not necessary.