

<b>Case Number:</b>	CM13-0014734		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/28/2006
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2013

### 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 Physical Medicine and Rehabilitation 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:

The patient is an approximately 52 year-old female who is being treated for a right total knee arthroplasty performed on 04/15/2013. The clinical documentation dated 07/25/2013, under the physical examination, states that the patient's surgery site is well healed with mild cool effusion. There is no dependent or traumatic edema and the range of motion is improved to 10 to 112 degrees. The patient describes no tenderness to palpation, there is no crepitus, and active straight leg is mildly painful. Varus and valgus stress tests are painless and stable and the leg is distally neurovascularly intact. Treatment wise, the patient has been utilizing physical therapy and pool therapy which have both been very helpful. The patient has also been wearing a Dynasplint and has been taking oral medications to include narcotics. The physician is now requesting 12 physical therapy sessions, a perspective request for 1 knee flexion and extension with Dynasplint, and a perspective request for a pool membership.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee flexion and extension Dynasplint:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints  
Page(s): 346-347.

**Decision rationale:** The MTUS/ACOEM Guidelines indicate that braces need to be properly fitted and combined with a rehabilitation program. However, it further states that prolonged bracing for anterior cruciate ligament deficient knees and the prophylactic use of braces in general is not recommended. The patient has been using a Dynasplint for an unknown number of weeks and according to the documentation dated 07/25/2013, the physician was considering discontinuing the Dynasplint at the patient's next visit which would have been in 4 to 6 weeks. However, there is nothing documented beyond this date stating that the patient has discontinued its use or has had a change in her pathology that would warrant continued use of the brace. As such, the requested service is non-certified.

**One pool membership:** 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Chapter, Aquatic Therapy, and Gym Memberships

**Decision rationale:** The MTUS/ACOEM Guidelines do not address this topic; therefore, Official Disability Guidelines (ODG) have been referred to in this case. The ODG guidelines indicate that aquatic therapy can minimize the effects of gravity, especially deep water therapy with a floating belt as opposed to shallow water requiring weight bearing. Aquatic therapy is useful for total knee arthroplasty rehabilitation as it allows patients to exercise in an environment that relieves body weight while muscular strength is gradually restored. The patient stated she is having improvement while utilizing aquatic therapy; however, gym memberships of any sort are not recommended under ODG guidelines. The patient is now 9 months postoperative and has not undergone a current comprehensive physical examination. Without objective measurements indicating the patient has had a significant change in her pathology to warrant additional therapy, the requested service is not considered medically necessary.