

<b>Case Number:</b>	CM13-0024583		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/19/2012
<b>Decision Date:</b>	05/22/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2013

### 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. The expert 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 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/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 underlying date of injury in this case is 05/19/2012. This patient's diagnosis is status post left knee manipulation under anesthesia. The patient is status post a left total knee arthroplasty on 03/26/2013 followed by left knee manipulation under anesthesia on 05/29/2013, with subsequent postoperative physical therapy. An orthopedic followup note of 12/06/2013 indicates that the patient did not receive physical therapy to her left knee, as there had been some mix up from previous request and she never got physical therapy. By that time the patient had been using a Dynasplint, which is currently subject under review, and the patient had increased the tension on it. It was slowly improving her bending of the knee. The patient reported that her left knee hurts a lot after the Dynasplint. The patient had range of motion at 0 115 degrees. The patient was stable with no effusion. The treating physician planned to use the Dynasplint a bit more to see if it improved the patient's range of motion. An initial physician review of 09/05/2013 refers to a physician progress note of 07/18/2013; that progress note is not available in the current medical records parts of this Independent Medical Review. At that time the patient had range of motion of 2-105 degrees with trace extensor lag. The treating physician noted that the patient had been working with a physical therapist but was having difficulty in terminal extension and the physical therapist had recommended a Dynasplint and continued physical therapy. The initial physician review notes that the Official Disability Guidelines recommends the use of static progressive stretching devices greater than 3 weeks but less than 4 months after injury or surgery in patients with symptoms and signs of persistent joint stiffness or contracture. That physician review noted the patient was more than 3 months status post manipulation under anesthesia without significant residual restricted range of motion. Thus, that physician review recommended partial certification of a one-month rental of a Dynasplint knee brace to the left knee.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DYNASPLINT KNEE BRACE FOR LEFT 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:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), TWC, Knee, Static Progressive Stretch Therapy.

**Decision rationale:** The California Medical Treatment Utilization Schedule does not directly address the use of a Dynasplint or static progressive stretch therapy. The Official Disability Guidelines/Treatment in Workers Compensation/Knee/Static Progressive Stretch Therapy discusses specific use of such a device in the subacute injury period or subacute postoperative period with significant documented motion stiffness. The medical records provided along with the Independent Medical Review are incomplete, and thus it is not possible at this time to re-review the actual records discussed in the initial physician review. That review noted that the patient had functional flexion of the knee with trace extensor lag. Based on the limited medical records provided, it is not possible to establish that this patient had a significant loss of range of motion which would meet the criteria for the requested Dynasplint. Therefore this request is not medically necessary.