

Case Number:	CM13-0031248		
Date Assigned:	12/04/2013	Date of Injury:	07/02/2007
Decision Date:	01/23/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	10/03/2013

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:

The patient is a 51-year-old gentleman who was injured on 07/02/07. Clinical records available for review include an 09/12/13 assessment, with the claimant indicating continued complaints of right knee pain that are improving, stating he has been using a Dynasplint. He was noted at that time to be status post a total knee arthroplasty with stable radiograph assessment. Motion was noted to be from 10 to 115 degrees of flexion. Recommendations at that time were for the continuation of the use of the Dynasplint as well as proceeding with a left total knee arthroplasty. Prior records indicate that the claimant's knee arthroplasty on the right, took place on 01/31/13 and he had to date failed a course of conservative care including physical therapy, medication management and aggressive home exercises. A Dynasplint was prescribed on 08/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic splint: prescription date 8/16/2013: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG). ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Knee & Leg (Acute & Chronic), Updated June 7, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 18th Edition, Knee Procedure-Static progressive stretch (SPS) therapy.

Decision rationale: The Official Disability Guidelines indicate that static progressive stretch therapy, such as a Dynasplint, are recommended after joint stiffness caused by immobilization when contractures with passive range of motion are noted. Appropriate candidates are noted to include total joint replacement, ACL reconstruction, fractures, and cases of adhesive capsulitis. In this case, the claimant appeared to have plateaued with a course of physical therapy and was still with noted contracture at time of prescription date on 08/16/13. In this case, the role of the dynamic splint dated 08/16/13 would have been appropriate based on the claimant's clinical findings, timeframe from surgery, and continued documentation of contracture.