

<b>Case Number:</b>	CM13-0039840		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	04/24/2014	<b>UR Denial Date:</b>	09/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2013

### 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 Illinois. 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 patient is a 67-year-old male who reported an injury on 11/06/2009. The mechanism of injury was not provided in the medical records. His diagnoses include cervical disc syndrome, cervical spondylosis, right shoulder rotator cuff syndrome, right shoulder rotator cuff rupture, right shoulder rotator cuff tear, low back syndrome, lumbar spine spondylosis, right knee internal derangement, right knee medial meniscus tear, right knee osteoarthritis/degenerative joint disease, and left knee total knee replacement. His symptoms are noted to include neck pain, right shoulder pain, low back pain with radiation into the left lower extremity, and left knee pain rated 6/10 to 7/10. The objective findings include decreased range of motion in the right shoulder, and the range of motion of the left shoulder was not tested. There was decreased motor strength to a -4/5 in the right shoulder and to 4/5 in the left shoulder, decreased range of motion in the left knee to 98 degrees flexion and 0 degrees extension, and decreased motor strength to -4/5 in the flexion and extension on the right side. His treatment plan was noted to include use of a Dynasplint and medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PURCHASE OF A DYNASPLINT:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): s 1021-1022. Decision based on Non-MTUS Citation ODG Shoulder (updated 06/12/13) ODG Knee & Leg (updated 06/07/13), Dynasplint

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

**Decision rationale:** The Official Disability Guidelines indicate that a static progressive stretch therapy device for joint stiffness or contracture may be considered for up to eight (8) weeks when used for joint stiffness caused by immobilization, establish contractures when passive range of motion is restricted, healing soft tissue that can benefit from constant low-intensity tension, or to use as an adjunct to physical therapy within three (3) weeks of manipulation or surgery performed to improve range of motion. The clinical information submitted for review indicated that the patient had significantly decreased range of motion in his right shoulder, as well as his left knee. Within his clinical note, the patient's treating physician indicated that a continuous passive motion unit was recommended in order to increase his left knee extension. However, the request for a Dynasplint does not specifically state which joint it is to be used for. As the patient was noted to have a history of a left total knee arthroplasty, with significantly limited range of motion due to immobilization, the Official Disability Guidelines would support use of a Dynasplint for up to eight (8) weeks. However, the purchase of a Dynasplint would not be warranted. Based on the above, the request is non-certified.