

Case Number:	CM13-0063440		
Date Assigned:	04/30/2014	Date of Injury:	04/03/1999
Decision Date:	06/12/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 & 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 injured worker is a 70-year-old male who reported an injury on 04/03/1999 due to a trip and fall. The injured worker's treatment history included left knee replacement followed by 2 manipulations under anesthesia interventions. The patient later had a revision of the total knee replacement, followed by manipulation under anesthesia on 07/10/2013. The injured worker was evaluated on 08/29/2013. It was documented that the injured worker had participated in physical therapy following the injured worker's manipulation under anesthesia and had continued range of motion deficits. The injured worker's range of motion was described as 10 degrees to 85 degrees. The injured worker's diagnoses included osteoarthritis and mechanical complications of a prosthesis. A request was made for an ERMI extensionator brace. The injured worker was again evaluated on 09/18/2013. Range of motion of the left knee was documented as 4 degrees in extension to 90 degrees in flexion. It was noted within the documentation that the injured worker had gained 20 degrees of range of motion with manipulation under anesthesia and subsequent physical therapy. The injured worker's treatment plan included continued physical therapy and the use of an ERMI extensionator brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

ERMI EXTENSIONATOR BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna, 2011, and the Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

Decision rationale: The Official Disability Guidelines recommend the use of this type of durable medical equipment for joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, evidence of healing soft tissue that would benefit from constant low intensity tension, or as an adjunct treatment to physical therapy within 3 weeks of manipulation or surgery. The clinical documentation submitted for review does indicate that the injured worker underwent manipulation under anesthesia in 07/2013. However, the requested intervention exceeds the 3 week recommendation made by Official Disability Guidelines. The clinical documentation did not contain any exceptional factors to support extending treatment beyond guideline recommendations. Additionally, there was evidence that a request was made for this intervention 08/013. It is unclear if the injured worker used static progressive stretch therapy and if this treatment contributed to improvements documented in 09/2013. As such, the requested ERMI extensionator brace is not medically necessary and appropriate.