MAXIMUS Federal Services

Case Number:	CM13-0071775		
Date Assigned:	01/08/2014	Date of Injury:	02/18/2008
Decision Date:	06/02/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/30/2013

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 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 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 was injured on February 18, 2008. The patient sustained injury to the right shoulder and left knee while walking to the back of the warehouse flagging palettes. She tripped over the piece of wood and it caused the patient to fly in the air falling on her buttocks. She used her right arm to break the fall and sustained injuries to the left knee and right shoulder. Prior treatment history has included physical therapy. The patient underwent a total knee replacement on December 14, 2012. She had a right shoulder arthroscopy surgery and three (3) arthroscopic surgeries before and manipulation anesthesia August 2012. She has been through diathermy, interferential stimulation, ultrasound, cold laser therapy, MRT, mobilization, range of motion exercises, strengthening and a cardio program. The primary treating physician's progress report dated January 15, 2014 documented that the patient was with complaints of left anterior knee and right posterior shoulder and right anterior shoulder pain. The patient states that she is unable to sleep on the right side; and is using a cane for mobility.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT KNEE DYNASPLINT: 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), Knee & Leg Chapter (Updated 11/26/13), Static Progressive Stretch (SPS) Therapy.

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

Decision rationale: The California MTUS guidelines do not discuss the issue in dispute, therefore the Offical Disability Guidelines have been consulted. Accorrding to the ODG, static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in order to increase range of motion. In this case, this patient is status post left total knee replacement with secondary stiffness and subsequently had left knee manipulation under anesthesia (MUA) on August 15, 2013. A most recent progress report dated January 15, 2014 indicates left knee flexion of 75Â° and lack of extension 30Â°. Accorrding to the ODG, the left knee Dynasplint is indicated; however, there is no documentation that it will be used as an adjunct to physical therapy program as recommended by the guidelines. Thus, the medical necessity has not been established.