

Case Number:	CM14-0002185		
Date Assigned:	01/24/2014	Date of Injury:	02/01/2010
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/07/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male with a work injury dated 2/1/10. The diagnoses include degenerative arthritis, left -knee, severe in-the medial compartment, status post left knee arthroscopy with anterior cruciate ligament reconstruction on 10/13/99 and 8/17/100 as well as left total knee arthroplasty on 11/26/12. There is a request for a Dynasplint flexion brace, left knee. There is an 11/11/13 primary treating physician progress report that states that he patient is taking Tramadol and Prilosec as needed. The patient has had no new injuries. Since the last visit, the patient has not seen any other doctor regarding this injury and has not had any testing performed. The patient is not attending therapy. The patient is not working. Left knee pain continues with stiffness and cracking. Both wrist pain continues with weakness of both hands. The treatment plan includes Tramadol, Prescription drug monitoring, Waiting for authorization for left knee manipulation under general anesthesia. There is a request for Dynasplint flexion brace, left knee. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase the range of motion. This is to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT FLEXION BRACE FOR LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Dynasplint flexion brace for the left knee is not medically necessary. The MTUS does not specifically address a flexion brace. The ODG guidelines state that a static progressive stretch therapy device may be used for stiffness or contracture for one of the following conditions: Joint stiffness caused by immobilization, established contractures when passive ROM is restricted, healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis or as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. The request is not clear if this is for post manipulation use which per documentation is not yet authorized. Furthermore, the physical exam findings do not support the need for a brace. The request for a Dynasplint flexion brace for the left knee is not medically necessary.