

Case Number:	CM14-0003472		
Date Assigned:	01/31/2014	Date of Injury:	10/25/2011
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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, and is licensed to practice in Florida. 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 55-year-old female who reported an injury on 10/25/2011. On 01/10/2014, the injured worker who was status post left knee arthroscopy with partial meniscectomy and right knee pain reported recurrent symptoms. The physical examination of the of the left knee included range of motion 0 to 125 degrees, medial joint line tenderness, positive McMurray's sign for meniscus pathology, no valgus instability and negative Lachman's for anterior cruciate ligament (ACL) instability. The physical examination of the right knee included range of motion 0-125 degrees, lateral and medial joint line tenderness, positive lateral and medial McMurray sign for meniscus pathology, no valgus or valgus instability and negative Lachman's for ACL instability. The plan of treatment was three months of extension with use of a dynasplint and a prescription for Tramadol. The injured worker will continue with temporary total disability. The State of California Division of Workers Compensation Request for Authorization for Medical Treatment was not furnished with this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT UNIT, RENTAL FOR THE LEFT LEG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 (ODG), KNEE AND LEG CHAPTER, STATIC PROGRESSIVE STRETCH (SPS) THERAPY.

Decision rationale: The Official Disability Guidelines (ODG) states that a Dynasplint can be used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. The request does not specify the duration of use. However, the provider recommended a 3 month rental. Nonetheless, the request would exceed guideline recommendation for a 3 week rental. Therefore, the request for Dynasplint is non-certified.