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| Case Number: | CM14-0010091 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 10/05/2010 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 01/08/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for internal derangement of the knee reportedly sustained in an industrial injury of October 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; total knee arthroplasty surgery on July 9, 2013; and unspecified amounts of physical therapy. In a Utilization Review Report dated January 8, 2014, the claims administrator denied a request for Dynasplint system on the grounds that a request for further physical therapy had also been denied through an earlier Utilization Review Report. The claims administrator, thus, seemingly interpreted the request for the Dynasplint device as a companion request to concomitant request for physical therapy. The claims administrator, somewhat incongruously, did document diagnosis of knee flexion contracture. The applicant's attorney subsequently appealed. In a November 18, 2013 progress note, the applicant reported 1/10 knee pain following an earlier total knee arthroplasty of July 19, 2013. The applicant exhibited limited knee range of motion of -5 to 89 degrees. Diminished knee strength was also noted. Additional physical therapy, tramadol, and topical compounds were endorsed while the applicant was placed off of work, on total temporary disability. It was suggested that the applicant undergo manipulation under anesthesia surgery to ameliorate residual arthrofibrosis of the knee. On July 15, 2013, it is incidentally noted that the attending provider sought authorization for a postoperative CPM device.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MONTH RENTAL OF KNEE EXTENSION & FLEXION DYNASPLINT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Static Progressive Stretch Therapy topic.

Decision rationale: The MTUS does not address the topic. While the ODG Knee Chapter, Static Progressive Stretch Therapy topic does acknowledge that the knee extension and flexion Dynasplint at issue here is indicated in the treatment of knee contractures associated with a total knee replacement surgery and/or applicants who developed arthrofibrosis after a total knee arthroplasty, as was apparently the case here, ODG notes that usage of the splint is generally considered appropriate for up to eight weeks. Thus, the six-month rental sought by the attending provider does not conform to ODG parameters. No rationale for treatment this far in excess of the eight-week recommendation suggested by ODG was proffered by the attending provider. Therefore, the request was not medically necessary.