

Case Number:	CM14-0018332		
Date Assigned:	04/18/2014	Date of Injury:	03/08/2003
Decision Date:	06/30/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/13/2014

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 chronic knee pain reportedly associated with an industrial injury of March 8, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; computerized range of motion testing; unspecified amounts of physical therapy; a total knee arthroplasty; a cane; and extensive periods of time off of work. In a utilization review report dated February 5, 2014, the claims administrator approved a flexion Dyna splint while denying an extension Dyna splint, stating that the applicant had well-preserved knee extension without the Dyna splint that the applicant should focus on the flexion component of the request. The applicant's attorney subsequently appealed. A March 18, 2014 progress note was notable for comments that the applicant reported persistent knee discomfort, 5/10. The applicant still had gait disturbance/gait derangement. The applicant exhibited 0 to 100 degrees of knee range of motion and was reportedly using tramadol for pain relief. The applicant was not working. In an earlier note dated February 10, 2014, the applicant was described as exhibiting diminished knee strength, in the 5-/5 range. The applicant had reportedly gain weight. It was suggested on this occasion. The applicant was reportedly possessive of 0 to 130 degrees of knee range of motion on this occasion, it was stated. Physical therapy, tramadol, omeprazole, and topical compounds were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

KNEE EXTENSION DYNASPLINT: Overturned

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 and Leg (Acute and Chronic)

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

Decision rationale: The MTUS does not address the topic. As noted in the ODG Knee Chapter static progressive stretch therapy topic, static progressive stretch therapy or dynamic splinting devices for the knee may be an effective method for increasing the range of motion and satisfaction levels of applicants who develop arthrofibrosis after total knee arthroplasty. In this case, the utilization reviewer suggested that the applicant has in fact developed postoperative arthrofibrosis and was considering a capsular release surgery. ODG goes on to note that static progressive stretch therapy may be used as an adjunct to physical therapy to improve range of motion and/or discrete joint stiffness caused by immobilization. In this case, the applicant was described on at least a few office visits, referenced above, as exhibiting diminished range of motion about the injured knee. The applicant was status post total knee arthroplasty and was described on at least a few occasions, referenced above, as having developed postoperative arthrofibrosis. Knee extension Dyna splint is/was indicated and appropriate to combat the same. Therefore, the request is medically necessary.