

Case Number:	CM14-0019312		
Date Assigned:	04/21/2014	Date of Injury:	12/14/2010
Decision Date:	07/02/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/14/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 48 year old female who reported an injury on 12/14/2010. The mechanism of injury was not provided in the documentation. Per the clinical note dated 02/25/2014 the employee reported no swelling to the left knee and had tolerated light daily activities. The employee did report stiffness and pain with ambulation. On physical exam flexion to the left knee was 95 degrees with no signs of infection. The employee was stable to varus and valgus stress but had some pain with valgus stress, McMurray's test was negative. She has a 2+ pulse and normal sensation to light touch. The physical therapy progress note dated 03/05/2014 reported the employee had not been doing home exercises, however, after manual manipulation flexion of the left knee was increased to 111 degrees. The request for authorization for medical treatment was not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXION STRETCHING BRACE BY JAS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee and Leg Chapter, Joint Active Systems (JAS) Splints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee, Joint Active Systems (JAS) Splints.

Decision rationale: The Official Disability Guidelines (ODG) does not recommend Joint active systems (JAS) splints. There is insufficient evidence in the peer-reviewed published medical literature concerning the effectiveness of JAS splints. These devices use static progressive stretch. Typically, the patient sets the device angle at the beginning of the session, and every several minutes the angle is increased. There is a lack of documentation regarding the employee's participation in home exercises to increase the range of motion in the left knee. There was documentation stating the employee was diagnosed with severe arthrosis of the left knee per an x-ray. The ODG guidelines do not recommend the use of the joint active systems splint as there is insufficient evidence of the effectiveness. Therefore, the request for the flexion stretching brace by JAS is not medically necessary and appropriate.