

Case Number:	CM14-0132783		
Date Assigned:	08/22/2014	Date of Injury:	07/13/2009
Decision Date:	10/27/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/19/2014

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, Pain 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 injured worker is a 71-year-old male who sustained an injury on 7/13/09. On 6/25/14 the patient presented with left knee pain. He was status post left total knee arthroplasty which was revised. His pain was worse with standing, walking and bending and was relieved with medications. Some of his daily activities were limited secondary to pain; but since the latest revision, he was doing much better. On exam he had tenderness over the left knee and was able to extend the knee only up to 160 degrees. There was a sensory deficit in the left leg between the knee and the foot. Range of motion of the lumbar spine was reduced with respect to extension. There was a modest motor deficit with respect to flexion/extension of the hip and extension of the left leg. A recent bone scan showed a failure of the tibial component. X-rays of left knee from 4/24/14 revealed well placed and fixed revision TKA with no evidence of loosening or implant failure. In the past he had left knee arthroscopy, meniscectomy, and chondroplasty on 1/16/13, left total knee replacement on 12/18/11, and manipulation under anesthesia with left knee arthroscopy and lysis of adhesions on 4/25/12. He currently takes an average of two Norco per day for pain. He was treated previously with physical therapy and Dyna splint for the knee for six months to regain extension. Since the time of his last visit, his pain level has improved even more. He has had improved range of motion in the left knee and has been reducing his pain medication steadily. Diagnosis is degenerative joint disease, left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

DynaSplint Knee Extension (3 month rental extension) for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Knee and Leg Chapter. Criteria for the use of static progressive stretch (SPS) therapy:

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

Decision rationale: CA MTUS/ACOEM does not address the issue. Per ODG, Dynasplint is recommended as indicated below. 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 range of motion. Dynamic splinting devices for the knee, elbow, wrist or finger are recommended as an adjunct to physical therapy with documented signs of significant motion stiffness/loss in the sub-acute injury or post-operative period (i.e., at least 3 weeks after injury or surgery), or in the acute post-operative period with a prior documented history of motion stiffness/loss in a joint along with additional surgery done to improve motion to that joint. Prophylactic use of dynamic splinting is not recommended, and dynamic splinting is not recommended at all in the management of joint injuries of the shoulder, ankle and toe, or for carpal tunnel syndrome. Static progressive stretching devices may be an effective method for increasing the ranges of motion and satisfaction levels of patients who develop arthrofibrosis after total knee arthroplasty. Criteria for the use of static progressive stretch (SPS) therapy: A mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used 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 TKR, ACL reconstruction, fractures & adhesive capsulitis; Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve ROM. In this case, the IW has developed joint stiffness with limited extension to 160 degrees, S/P left TKA with revision that was done more than 3 weeks ago. There is no documentation of plan to use this device as an adjunct to physical therapy. Furthermore, the request is for 3 month rental, which exceeds the guidelines recommendation of using this device for up to 8 weeks. As such, the criteria are not met and the request is considered not medically necessary.