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| Case Number: | CM14-0152736 | | |
| Date Assigned: | 09/22/2014 | Date of Injury: | 08/13/2008 |
| Decision Date: | 12/24/2014 | UR Denial Date: | 09/08/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 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 claimant has a history of a work injury occurring on 09/13/08 when, while traveling on an airplane, he was struck in the back of his right knee. Treatments included arthroscopic knee surgery in 2008 and 2010 and a right total knee replacement in 2012. He was seen by the requesting provider on 08/14/14. The note references the claimant as reporting a decreased ability to flex the knee. Physical examination findings included range of motion from 0-120 degrees. The claimant was evaluated for physical therapy on 08/14/14. Treatments included range of motion and stretching. As of 09/10/14 he had completed seven treatment sessions. The claimant reported that his knee was "doing a lot better already." Treatments included stretching and soft tissue mobilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS Right Knee 3 Months: 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), Knee and Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Joint active systems (JAS) splints

Decision rationale: The claimant is more than 7 years status post work-related injury and continues to be treated for chronic right knee pain. Treatments have included a right total knee replacement. Improvement with physical therapy treatments is documented. Guidelines recommend against use of a JAS (Joint active system) splint. There are no prospective studies demonstrating that the addition of these devices to physical therapy improves clinical outcomes. In this case there is documented improvement shortly after beginning physical therapy treatments. Therefore the requested splint was not medically necessary.