

Case Number:	CM14-0158797		
Date Assigned:	10/02/2014	Date of Injury:	11/04/2011
Decision Date:	10/29/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopaedic Surgery 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:

This 67-year-old male sustained an industrial injury on 11/4/11. The mechanism of injury was not documented. The patient underwent left total knee replacement, medial and posterior capsular release, and removal of multiple loose bodies on 5/28/14. A continuous passive motion device was certified for 21 days post-operatively consistent with guidelines. The 8/7/14 treating physician report cited continued pain and swelling. Physical exam documented flexion of 85 degrees. The patient was continuing therapy and a Dynasplint was requested to achieve additional flexion. Post-operative physical medicine rehab was provided with slow improvement noted. Records indicated that range of motion increased from -12 to 80 degrees to 0-90 degrees over 11 sessions from 7/7/14 to 8/18/14. The 9/12/14 utilization review modified the request for Dynasplint 3-month rental to a 4-week trial to assess the efficacy of the device and document residual motion deficits prior to additional use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint with three month rental: 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: State 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 and Leg, Dynasplint, Static progressive stretch (SPS) therapy

Decision rationale: The California MTUS does not provide recommendations for Dynasplint following total knee replacement. The Official Disability Guidelines (ODG) recommend the use of static progressive stretch (SPS) therapy as appropriate for up to 8 weeks when used for specific indications. 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 total knee replacement. Guideline criteria also include joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, or as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. The 9/12/14 utilization review noted that the patient was over 3 months status post total knee replacement and approved a 4-week Dynasplint trial to assess efficacy prior to additional use. There is no compelling reason to support the medical necessity of use beyond guideline recommendations prior to an initial trial and documentation of objective functional benefit. Therefore, this request is not medically necessary.