

Case Number:	CM14-0159999		
Date Assigned:	10/03/2014	Date of Injury:	08/23/2013
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
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 Orthopedic 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:

The claimant is a 66 year old female who sustained a work related accident on 8/23/13 when she fell and developed left knee complaints. Since time of injury, the claimant has undergone left total knee arthroplasty on 02/27/14. Postoperative records for review included the report of the office visit on 07/23/14 documenting that the claimant has been continuing with physical therapy and was documented to have completed over 35 sessions since surgery. Physical examination revealed range of motion from zero to 95 degrees, no swelling and a well healed incision. Radiographs showed "good alignment" of arthroplasty. The recommendation was made for three month rental of a joint active system splint for the knee for static progressive stretch treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS (Joint active systems) Knee - 3 months rental 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), Knee Chapter

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: Joint active systems (JAS) splints

Decision rationale: California MTUS and ACOEM Guidelines do not provide criteria relevant to this request. Based on the Official Disability Guidelines, rental of a JAS splint for three months is not recommended as medically necessary. The Official Disability Guidelines do not recommend use of a JAS splint because of the lack of evidence to support its use in the postoperative setting of the knee. While it is typically used for static progressive stretching, long term efficacy of its benefit versus other forms of traditional modalities including physical therapy alone has not been shown. The clinical request in this case at this point in time after arthroplasty would not be indicated.