

<b>Case Number:</b>	CM14-0174421		
<b>Date Assigned:</b>	10/27/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	12/10/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2014

### 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 Family 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:

This is a 37 years old male patient who sustained a work related injury on 2/19/14. Patient sustained the injury when he fell while running in the jail. The current diagnoses include knee pain, anterior cruciate ligament tear and medial meniscus tear and difficulty in walking. Per the PT note dated 10/2/14, patient has complaints of left knee soreness in medial knee region and stiffness. Physical examination revealed increase in knee AROM flexion of 13 degree and extension of 1 degree, limitations to AROM both in flexion and extension, limited strength of his left quad muscle and a significant knee extension lag noted during stance phase of the gait pattern. The current medication lists was not specified in the records provided. The patient's surgical history include left knee arthroscopy assisted anterior cruciate ligament reconstruction with hamstring autograph and partial lateral meniscectomy in 02/20/14 and left knee arthroscopy with manipulation 09/11/14. The patient has used a CPM unit. The patient has received an unspecified number of the PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Stat-A-Dyne knee extension/flexion:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Knee and Leg Procedure Summary

**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 (updated 10/27/14), Static progressive stretch (SPS) therapy.

**Decision rationale:** ACOEM/MTUS state guideline does not specifically address this issue. Hence ODG used. As per cited guideline "Criteria for the use of static progressive stretch (SPS) therapy: 1. Joint stiffness caused by immobilization. 2. Established contractures when passive ROM is restricted. 3. 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 total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis....." Any evidence of Joint stiffness caused by immobilization or contractures was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program (versus the use of the static progressive Stat-A-Dyne knee extension/flexion device), is not specified in the records provided. The medical necessity of the request for Stat-A-Dyne knee extension/flexion is not fully established in this patient.