

<b>Case Number:</b>	CM14-0028881		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/25/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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 Surgeon, and is licensed to practice in New York. 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 patient is a 54-year-old who fell and injured her right knee and left shoulder in 2011. The patient had knee surgery on October 24, 2013 and has had an unknown number of postoperative physical therapy sessions. The patient has had right knee arthroscopy with partial meniscectomy as documented in the medical records. Physical exam shows 0-200 of knee motion. The patient has weakness over the vastus medialis muscle. Patient continues to have knee pain. The medical records indicate uncomplicated surgery for knee arthroscopy with partial lateral meniscus resection and chondroplasty of the medial femoral condyle along with partial synovectomy. The patient had surgery in March 2014. At issue is whether knee splinting is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RENTAL OF A DYNASPLINT UNIT FOR THREE MONTHS 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: Knee/ Leg, web edition

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Knee Pain Chapter and Other Medical Treatment Guideline or Medical Evidence.

**Decision rationale:** MTUS and ODG guidelines do not recommend the use of a static progressive splint in this case. Specifically the medical records do not document adequate attempts at conservative therapy and do not document the extent of the physical therapy. The physical examination does not document significant flexion knee contracture or loss of significant motion. Established criteria for Dynasplint not met. He remains unclear exactly how much physical therapy the patient has had. Therefore, this request is not medically necessary.