

Case Number:	CM14-0034600		
Date Assigned:	06/20/2014	Date of Injury:	10/09/2006
Decision Date:	08/13/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/20/2014

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:

67 year old male claimant with a chief complaint dated 10/09/06. Previous surgeries are noted to include a total knee replacement on 01/17/14. Exam note 01/27/14 demonstrates patient returns with a chief complaint of right knee pain rated 10/10 in addition to pain in the cervical spine. MRI scan was done on both the right knee and lumbar spine. Physical exam demonstrates patient has pain upon flexion and extension and reports internal rotation is negative, bilaterally. Treatment plan that was discussed includes a continuation of current medications, and to start DVT medication therapy. Exam note 02/17/14, patient again returns with a chief complaint of back pain and knee pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral knee flexion dynasplints (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 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 and Leg, Static progressive stretch.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Dynasplint. According to the ODG Knee and Leg, Static progressive stretch, states that "Dynamic splinting devices for the knee, elbow, wrist or finger are recommended as an adjunct to physical therapy with documented signs of significant motion stiffness/loss in the sub-acute injury or post-operative period (i.e., at least 3 weeks after injury or surgery), or in the acute post-operative period with a prior documented history of motion stiffness/loss in a joint along with additional surgery done to improve motion to that joint."As the claimant is recently postop from a total knee arthroplasty performed on 1/17/14. There is insufficient evidence from the cited notes of the amount of postoperative therapy provided. Therefore there is insufficient evidence then to support Dynasplint to the knees bilaterally as an adjunct to therapy. Determination is therefore non-certification.

Bilateral knee extension dynasplints (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 Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Static progressive stretch.

Decision rationale: CA MTUS/ACOEM is silent on the issue of Dynasplint. According to the ODG Knee and Leg, Static progressive stretch, states that "Dynamic splinting devices for the knee, elbow, wrist or finger are recommended as an adjunct to physical therapy with documented signs of significant motion stiffness/loss in the sub-acute injury or post-operative period (i.e., at least 3 weeks after injury or surgery), or in the acute post-operative period with a prior documented history of motion stiffness/loss in a joint along with additional surgery done to improve motion to that joint."As the claimant is recently postop from a total knee arthroplasty performed on 1/17/14. There is insufficient evidence from the cited notes of the amount of postoperative therapy provided. Therefore there is insufficient evidence then to support Dynasplint to the knees bilaterally as an adjunct to therapy. Determination is therefore non-certification.