

Case Number:	CM14-0035638		
Date Assigned:	06/23/2014	Date of Injury:	04/07/2011
Decision Date:	07/30/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for knee and leg pain reportedly associated with an industrial injury of April 7, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; reported diagnosis with advanced knee arthritis; and a right knee total knee arthroplasty. In a Utilization Review Report dated March 11, 2014, the claims administrator denied a request for a Lantz Medical Dyne splint. The claims administrator cited non-MTUS Third Edition ACOEM Guidelines and non-MTUS ODG Guidelines in its denial. In a May 21, 2014 progress note, the applicant presented with persistent complaints of knee pain, aching and stabbing. The applicant was obese with a BMI of 35, it was stated. The applicant had x-rays of the right knee demonstrating an intact unicompartmental knee replacement, well positioned. The applicant was placed off of work, on total temporary disability until the next visit. Additional physical therapy was sought. Xanax, Levoxyl, and oxycodone were endorsed, along with a nutritionist consultation. The applicant was again described as off of work, on total temporary disability, on April 21, 2014. The applicant underwent the unicompartmental knee replacement surgery on February 21, 2014. In a postoperative visit of March 3, 2014, the applicant was described as ambulating with the aid of a cane and recovering as expected. The applicant was reportedly meeting therapy and its goals. The applicant was placed off of work, on total temporary disability, and asked to continue rehabilitation. A variety of DME articles, including a shower mat, shower hose, commode, bench, and shower rails were all endorsed, along with a Lantz Medical Dyne-splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lantz Medical Knee Stat-A-Dyne Splint: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Knee and Leg.

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

Decision rationale: The MTUS does not address the topic of static progressive stretch therapy following a knee arthroplasty surgery, as transpired here. As noted in the ODG Knee Chapter Static Progressive Stretch Therapy topic, static progressive stretch therapy/dynamic splinting is recommended for use as an adjunct to physical therapy within three weeks of manipulation of surgery performed to improve range of motion. Some of the surgeries for which static progressive stretch therapy/dynamic splinting are recommended include total knee replacement, ACL reconstruction, fractures, and adhesive capsulitis, ODG further notes. In this case, the request was initiated on March 3, 2014, i.e., a few weeks after the applicant underwent a total knee arthroplasty surgery on February 21, 2014. Therefore, the request was medically necessary.