

Case Number:	CM14-0035928		
Date Assigned:	06/23/2014	Date of Injury:	04/16/2004
Decision Date:	07/21/2014	UR Denial Date:	03/12/2014
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:

Injured worker is a female with date of injury 4/16/2004. Per orthopedic surgeon's progress note dated 2/20/2014, the injured worker presents with complaints of intractable knee pain due to a work injury. She is seen for a pre-operative visit. She continues using pain medications and modified activity level. Shality of pain is described as sharp. Duration of pain is described as frequent. Severity of symptoms are moderate to severe with profound limitations. Pain is aggravated by standing and walking. Associated symptoms include locking. Condition is not proceeding as expected, and she is surgical candidate. A cane is being used to assist in ambulation. Therapeutic goals are not being met at this time. Impact of symptoms is affecting activities of daily living. On exam of the left knee and leg, she enters the room using a cane. X-rays of the left knee demonstrate narrowing of the medial joint line with spurring of the medial joint line, lateral joint line, and the patellofemoral space, good patellofemoral relationship, no loose bodies, no acute fractures and posterior fabella noted. Diagnoses include 1) arthritis of knee, status post right total knee replacement, bilateral 2) lumbar radiculopathy 3) lumbar hnp without myelopathy 4) impingement syndrome 5) sesamoiditis 6) tendinitis foot and ankle, left, FHL 7) PN carpal tunnel syndrome, bilateral 8) chondromalacia knee, bilateral, post operative bilaterally 9) meniscal tear, medial, bilateral, post operative bilaterally 10) trigger finger, right, middle finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stat-A-Dyne Left Knee Splint: Overturned

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 Chapter, Static Progressive Stretch (SPS) Therapy Section.

Decision rationale: The purpose of the exam was pre-operative for left knee total knee replacement, and the injured worker was prescribed a Stat-A-Dyne splint. The MTUS Guidelines do not provide recommendations regarding this device. Per the ODG, a mechanical device for joint stiffness or contracture may be considered for up to eight weeks when used for conditions causing limited joint range of motion, including total knee replacement. The knee is a joint for which this therapy is recommended. It is noted that subsequent to this request the injured worker had not been cleared medically for surgery due to elevated hemoglobin A1C. The surgery had therefore been cancelled. This review however is in regard to the request at the time that it was made, and in respect to the UR decision at that time. The request for for Stat-A-Dyne Left Knee Splint is determined to be medically necessary.