

Case Number:	CM14-0050111		
Date Assigned:	07/07/2014	Date of Injury:	01/23/2009
Decision Date:	08/12/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/17/2014

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 Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 patient is a 65 years old female with an injury date on 01/23/09. According to this report, the patient complains of left knee pain. The patient has a left total knee replacement on 12/03/13 and currently using a Dyna Splint. The patient's knee still swells with walking and sore afterwards. AROM of the left knee is 0-120 degrees. Per physician, the patient knee is plateauing. On 02/21/2013 report shows that the patient had 18 physical therapy visits. The patient almost had full knee extension. There were no other significant findings noted on this report. The utilization review denied the request on 04/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/31/13 to 06/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for DME extension of dynasplint rental for three months for dates of service from 03/28/2014 to 06/27/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to the 04/03/2014 report by [REDACTED] this patient presents with left knee pain and the patient is s/p knee replacement from December 2013. The physician is requesting a retrospective request for DME extension of dynasplint rental for three months as the patient is current using the system. The UR denial letter states the medical necessity for this DME has not been established, and therefore, the request is denied. Review of the reports indicates the patient knee is plateauing, range of motion is 0-120, and had 18 sessions of therapy. The MTUS and ACOEM guidelines do not address Dyna Splint. However, the ODG guidelines support it up to 2 months if indicated with joint stiffness and established joint contracture. It is also recommended following joint replacement surgery. In this case, the use of Dynasplint is indicated for up to 2 months but the request is for 3 months. There does not appear to be a need for continued use of Dynasplint with the patient's knee ROM at 120 flexion. Therefore, the retrospective request for DME extension of dynasplint rental for three months for dates of service from 03/28/2014 to 06/27/2014 is not medically necessary and appropriate.