

Case Number:	CM14-0064627		
Date Assigned:	07/11/2014	Date of Injury:	06/24/2013
Decision Date:	09/17/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 38-year-old female who reported injury on 06/24/2013. The documentation of 11/15/2013, revealed the mechanism of injury was the injured worker was helping unload materials to build a set and the injured worker had 1 leg on the loading dock and the other on the truck bed when she slipped and the right side of her body went through the gap between the truck and the loading dock. The injured worker heard a pop and felt a burning sensation and immediate pain in her left knee. The injured worker's medications included Omeprazole and Naproxen. The injured worker was noted to have an MRI of the left knee and x-rays. The injured worker was recommended for 12 sessions of physical therapy. The injured worker was noted to be in the office for daily pain and discomfort rated 6/10. The injured worker was having difficulty straightening her leg. The injured worker indicated she felt as though she hyperextended her leg. There was occasional radiating pain to her left hip, along with numbness and tingling. The physical examination revealed the injured worker had a circumference of the quadriceps of 49 cm in the right and 47.5 cm in the left. Upon examination of the left knee the injured worker had 2+ pain in the medial joint line, 1+ pain in the quadriceps tendon, along with 1+ pain in the medial and lateral patellar facets and there was a 1+ grind in the patellar grind test. The range of motion in extension was shortened by 5 degrees from full extension. There was crepitus. The injured worker's quadriceps strength was 3/5 and hamstring strength was 4+/5. The documentation indicated the x-ray of the left knee was reviewed and there were no loose fragments that could be appreciated and no abnormal ossification or calcification. The MRI revealed thickening and signal alteration including the femoral attachment fibers of the MCL consistent with moderate grade tear with 50% growth of the ligament. The diagnoses included left knee MCL high grade tear with loss of motion and loss of extension and significant quadriceps weakness along with loss of 5 degrees of extension and 120

degrees of flexion. The discussion included the injured worker had weakness of the left knee with 3+ strength in the quads and hamstrings. There was atrophy on the left quads on measurements. The injured worker was lacking 5 degrees of full extension and had no hinged knee brace which was essential for the healing of the MCL. The treatment plan included 12 additional sessions of physical therapy and a hinged brace. Additionally, the physician recommended treatment of a muscle stimulator for the left leg. There was no Request for Authorization submitted for the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint Knee Extension x3 month 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 And Leg (Acute & Chronic), Static-Progressive Stretch Therapy.

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

Decision rationale: The Official Disability Guidelines indicate that the criteria for the use of a static progressive stretch therapy include the device may be appropriate for up to 8 weeks when it is used for joint stiffness caused by immobilization or established contractures when passive range of motion is restricted. The clinical documentation submitted for review indicated the injured worker had decreased range of motion. This request would be supported. However, the request for 3 months of rental is not supported. It would be considered excessive. Given the above, the request for Dynasplint knee extension times 3 month rental is not medically necessary.