

Case Number:	CM14-0071634		
Date Assigned:	06/27/2014	Date of Injury:	04/30/2013
Decision Date:	08/21/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/03/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 32-year-old female who has submitted a claim for S/P Left Knee Manipulation Under General Anesthesia, S/P Left Knee Arthroscopy with Lysis of Adhesions, Resolving Arthrofibrosis of the Left Knee, and Flexion Contracture of the Left Knee, associated with an industrial injury date of April 30, 2013. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left knee pain, rated 6/10. On physical examination of the left knee, there was no visible erythema or deformity. Range of motion was limited. The knee was non-tender. Provocative testing yielded negative results. Distal sensation was intact. The treatment to date has included medications, left knee arthroscopy with lysis of adhesion (September 9, 2013), left knee manipulation under general anesthesia (November 21, 2013), physical therapy, bracing, and home exercise program. In a utilization review from March 12, 2014 denied the request for Dyna splint for extension for left knee because the patient has hit a plateau in therapy and there was documentation that the patient's knee passive range of motion was good.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNA SPLINT FOR EXTENSION FOR LEFT KNEE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, Dynasplint, Static Progressive Stretch (SPS) Therapy.

Decision rationale: CA MTUS does not specifically address Dynasplint. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that a mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: (1) joint stiffness caused by immobilization; (2) established contractures when passive range of motion is restricted; (3) healing soft tissue that can benefit from constant low-intensity tension; and (4) used as an adjunct to physical therapy within three weeks of manipulation or surgery. In this case, the patient was noted to have flexion contracture of the left knee with restricted passive range of motion. Static progressive stretch therapy is thus appropriate for the patient's condition as stated in the guidelines. Therefore, the request for DYNA SPLINT FOR EXTENSION FOR LEFT KNEE is medically necessary.