

<b>Case Number:</b>	CM14-0168040		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	02/21/2008
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	09/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 chronic knee and leg pain reportedly associated with an industrial injury of February 21, 2008. In a utilization review report dated September 22, 2014, the claims administrator failed to approve a request for an Elite Seat extension device rental for six weeks. The claims administrator stated that the request in question represented a flexionator device intended to ameliorate the applicant's residual knee range of motion deficits. The claims administrator stated that there is no evidence that the applicant had failed six weeks of conservative treatment, but the fact that the applicant was over six years removed from the date of injury as of the date of the request. The claims administrator stated that his decision was based on a September 15, 2014, progress note and associated September 17, 2014 request for authorization (RFA) form. In an earlier note dated April 28, 2014, the applicant reported ongoing complaints of bilateral knee pain. The applicant was reportedly working full time, full-duty work; it was stated, despite ongoing issues with knee arthritis. The applicant was status post viscosupplementation injections, it was noted. In a September 15, 2014, progress note, it was reiterated that the applicant was working full time, full-duty work. 1/10 left knee pain versus 5/10 right knee pain was noted. The attending provider noted that the applicant had 0 to 130 degrees of left knee range of motion versus -5 to 120 degrees of right knee range of motion. Moderate right lower extremity atrophy was appreciated. The attending provider stated that the applicant had an increasing flexion contracture of the knee. An Elite Seat dynamic extension device was endorsed to correct the applicant's flexion contracture. Oral NSAIDs and regular-duty work were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elite Seat Extension Device, Rental For 6 Weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter, Flexionators Topic. Product description.

**Decision rationale:** The MTUS does not address the topic. Based on the product description, the Elite Seat extension device appears to represent a portable knee extension device designed to ameliorate issues such as arthrofibrosis and/or arthritis of the knee with a flexion contracture, the latter of which is present here. However, ODG's Knee Chapter, Flexionators Topic notes that the flexionator is recommended as an option in conjunction with continuing physical therapy as 6 weeks of physical therapy alone has proven unsuccessful in adequately correcting range of motion limitation secondary to postoperative arthrofibrosis within 3 months of major knee surgery. Here, however, the applicant does not appear to have had a major knee surgery. The applicant's residual range of motion defects is not the function of postoperative arthrofibrosis. It does not appear, furthermore, that the applicant has attempted to rectify the residual range of motion defect through formal physical therapy. Therefore, the request was not medically necessary.