

Case Number:	CM14-0196295		
Date Assigned:	12/19/2014	Date of Injury:	09/05/2003
Decision Date:	01/23/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/24/2014

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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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 injured worker is a 48 year old male whose date of injury was 9/5/03. The most recent office note follow-up dated 10/13/14 following a right total knee arthroplasty on 5/20/14 and right knee manipulation under anesthesia on 7/28/14. The claimant reported using his dynasplint for five hours per day with improvement in range of motion. His exam findings revealed mild swelling of the right knee, no deformity, no atrophy, a well healed incision, mild tenderness of the medial greater than lateral joint line, range of motion 10-90, good capillary refill, and normal sensation. An X-ray was performed 9/21/14 and showed no evidence of loosening. Recent treatment included medication management, physical therapy home exercises, icing and use of dynasplint. This is a request for 1 extend dynasplint for six weeks, recently modified by previous review on 10/31/14, for 4 weeks between 10/13/14 and 12/23/14. The continued use of Dynasplint is not supported by the guidelines. CA MTUS chronic pain treatment guidelines do not address Dynasplint specifically. This is a request for a 2 view X-ray of the knee, previously non certified on 11/17/14. Since the claimant had an X-ray performed 9/21/14 that revealed status post right knee replacement with no evidence of loosening. The request for 2 view X-ray of the knee is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One extend Dyna Splint for 6 more weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Static Progressive stretch (SPS) therapy, Criteria for use of Static Progressive Stretch SPS Therapy

Decision rationale: Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. Dynamic splinting devices for the knee, elbow, wrist or finger are recommended as an adjunct to physical therapy with documented signs of significant motion stiffness/loss in the sub-acute injury or post-operative period (i.e., at least 3 weeks after injury or surgery), or in the acute post-operative period with a prior documented history of motion stiffness/loss in a joint along with additional surgery done to improve motion to that joint. Prophylactic use of dynamic splinting is not recommended, and dynamic splinting is not recommended at all in the management of joint injuries of the shoulder, ankle and toe, or for carpal tunnel syndrome. Static progressive stretching devices may be an effective method for increasing the ranges of motion and satisfaction levels of patients who develop arthrofibrosis after total knee arthroplasty. The request is not reasonable as the request is not recommended to be used long term and no evidence that it is to be used as adjunct to physical therapy. Therefore the request is not medically necessary.

2 view X-Ray of the knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

Decision rationale: Most knee problems improve quickly once any red-flag issues are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Additionally, the claimant had an X-ray performed 9/21/14 that revealed status post right knee replacement with no evidence of loosening. The request is not reasonable as the guideline criteria have not been met for this request and the rationale for why the repeat x-ray is needed is not clear. As such, the request is not medically necessary.