

Case Number:	CM14-0203920		
Date Assigned:	12/16/2014	Date of Injury:	09/23/2010
Decision Date:	02/25/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	12/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 09/23/2010. The date of the utilization review under appeal is 11/03/2014. On 01/06/2015, an orthopedic followup PR-2 note reported diagnoses of osteoarthritis of the knee as well as lumbar disc degeneration, lumbar stenosis, and sciatica. The treating orthopedist reported that the patient continued to experience severe pain in her right knee which was also aggravating low back pain. The patient was noted to be status post right total knee replacement of 06/19/2013 and had been attending physical therapy and ambulating with a walker. The patient also complained of low back pain. On exam the patient had knee range of motion of 15-118 degrees. Her knee was stable, and a prior valgus deformity was corrected. The treatment plan included continued physiotherapy with an aquatic component as well as oral and topical pain medication. An initial physician review concluded that the requested device is not indicated, given that there was no documentation of knee range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dyna knee extension x 3 months: 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 and Leg chapter. Dynasplint- 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, Static Progressive Stretch Therapy.

Decision rationale: The California Medical Treatment Utilization Schedule does not specifically address the current request. A prior physician review stated that the medical records did not document knee range of motion. The treating notes do document a 15-degree knee flexion contracture. I note that Official Disability Guidelines/Treatment in Workers Compensation/Knee discusses static progressive stretch therapy and states this may be appropriate for up to 8 weeks for an established contracture when passive range of motion is restricted. Thus, the medical records and guidelines may support up to 8 weeks of the requested Dyna knee extension device. However, the current request is for 3 months' usage of this device, which exceeds the treatment guidelines. Therefore, this request is not medically necessary.