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| <b>Case Number:</b>   | CM15-0009117 |                              |            |
| <b>Date Assigned:</b> | 01/27/2015   | <b>Date of Injury:</b>       | 10/04/2010 |
| <b>Decision Date:</b> | 03/18/2015   | <b>UR Denial Date:</b>       | 12/18/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 58 year old male, who sustained an industrial injury on 10/4/2010. The diagnoses have included status post left knee arthroscopy with partial meniscectomy. Treatment to date has included physical therapy. Magnetic resonance imaging (MRI) of the left knee from 9/8/2014 revealed moderately severe chronic sprain of the anterior cruciate ligament and osteoarthritis. According to the Primary Treating Physician's Progress Report from 11/21/2014, the injured worker reported recurrent symptoms of left knee pain and stiffness. Physical exam of the left knee revealed a positive patella-femoral grind test. There was no varus or valgus instability. The physician recommended a left knee Dynasplint extension to help improve range of motion. On 12/18/2014, Utilization Review (UR) modified a request for Knee Extension Dynasplint Rental three months to for Knee Extension Dynasplint Rental eight weeks, noting guidelines support the use of a mechanical device for joint stiffness or contracture up to eight weeks. The ODG was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee extension Dynasplint, rental 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 & Leg (updated 10/27/2014), Static Progressive Stretch (SPS), Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Knee.

**Decision rationale:** No, the proposed Dynasplint (AKA static progressive stretch therapy device) was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Knee and Leg Chapter, Static Progressive Stretch Therapy topic acknowledges that static progressive stretch therapy and Dynasplinting can be employed to ameliorate joint contracture and/or joint stiffness as an adjunct to physical therapy within three weeks of manipulation or surgery to improve range of motion, ODG qualifies its recommendation by noting that the usage of such devices should be limited to "up to eight weeks." Here, the applicant had seemingly used the device at issue for well over eight weeks. The applicant was, furthermore, outside of the immediate postoperative phase during which ODG supports the usage of Dynasplinting. Finally, the applicant had seemingly used the Dynasplint for what appears to have been a span of several months and does not appear to have benefited or profited through the same. The applicant's knee range of motion was unchanged when compared to previous visits as of the November 21, 2014 office visit on which the attending provider sought an extension of the same. Therefore, the request was not medically necessary.