

Case Number:	CM15-0107213		
Date Assigned:	06/11/2015	Date of Injury:	02/18/2008
Decision Date:	08/31/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 58 year old female patient, who sustained an industrial injury on 2/18/13. The diagnoses include status post left total knee replacement. Per the doctor's note dated 3/3/2015, she had complains of not getting any range of motion or strengthening in physical therapy. The physical examination revealed left knee- clear incision and range of motion 0 to 90 degrees. The medications list includes pain patch, Norco and Mobic. She has undergone left knee revision with change of implant and removal of scar tissue on 12/19/2014; irrigation and debridement of the right knee and quadricepsplasty of the right knee on 1/8/15; right shoulder arthroscopy and C-section. She has had physical therapy visits for this injury. The treating physician requested authorization for knee flexion and extension Dynasplints for 6 months rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee Flexion Dynasplint for 6 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Dynamic splinting systems Static progressive stretch (SPS) therapy.

Decision rationale: Knee Flexion Dynasplint for 6 months rental. Per the ODG guidelines, "Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in order to increase range of motion. (BlueCross BlueShield, 2003) 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. (Aetna, 2010) 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. (Bonutti, 2010) Criteria for the use of static progressive stretch (SPS) therapy: 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 ROM is restricted. 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion." She has undergone left knee revision with change of implant and removal of scar tissue on 12/19/2014; irrigation and debridement of the right knee and quadricepsplasty of the right knee on 1/8/15. Patient had complains of not getting any range of motion or strengthening in physical therapy. The physical examination revealed left knee-clear incision and range of motion 0 to 90 degrees. Cited guidelines recommend Dynasplint/Static progressive stretch (SPS) therapy for 8 weeks. Therefore the requested duration is more than recommended by the cited criteria. The medical necessity of Knee Flexion Dynasplint for 6 months rental is not established for this patient at this juncture.

Knee Extension Dynasplint for 6 months rental: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Knee & Leg (updated 07/10/15) Dynamic splinting systems Static progressive stretch (SPS) therapy.

Decision rationale: Knee Extension Dynasplint for 6 months rental. Per the ODG guidelines, "Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in

order to increase range of motion. (BlueCross BlueShield, 2003) 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. (Aetna, 2010) 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. (Bonutti, 2010) Criteria for the use of static progressive stretch (SPS) therapy: 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 ROM is restricted. 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion." She has undergone left knee revision with change of implant and removal of scar tissue on 12/19/2014; irrigation and debridement of the right knee and quadricepsplasty of the right knee on 1/8/15. Patient had complains of not getting any range of motion or strengthening in physical therapy. The physical examination revealed left knee-clear incision and range of motion 0 to 90 degrees. Cited guidelines recommend Dynasplint/ Static progressive stretch (SPS) therapy for 8 weeks. Therefore the requested duration is more than recommended by the cited criteria.