

Case Number:	CM15-0167202		
Date Assigned:	09/04/2015	Date of Injury:	01/25/2013
Decision Date:	10/07/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/25/2015

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: North Carolina

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 injured worker is a 51 year old female who reported an industrial injury on 1-25-2013. Her diagnoses, and or impression, were noted to include status-post right total knee arthroplasty; and left knee pain, possible medial meniscus tear. No current imaging studies were noted. Her treatments were noted to include surgery with knee rehab; a home exercise program; ice therapy; activity modifications; injection therapy; medication management; and modified work duties. The progress notes of 8-13-2015 reported a 3.5 month post-right knee replacement follow-up visit and complaints of left, lateral and medial patellar knee pain that was aggravated by full extension; the inability to kneel; that her pain was worse at rest and at night and not specifically caused by activities; that her requested therapy had not been authorized; numbness to the lateral wound; and that she had not received the previously requested extension splint. Objective findings were noted to include: a review of her magnetic resonance imaging studies noting degenerative changes in the medial meniscus; no acute distress; small effusions with decreased strength in the right knee, that was without tenderness but with decreased strength and range-of- motion; redness and tenderness, without drainage, in the lower part of the healing right knee wound; and medial joint line tenderness in the left knee. The physician's requests for treatments were noted to include that she would benefit from a Dynamic extension splint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint extension splint, unspecified purchase or rental: 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 (Acute & Chronic).

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 stretch device.

Decision rationale: The ACOEM and California MTUS do not specifically address the requested medication. The ODG recommends up to 8 weeks of knee static progressive stretch device. The request does not specify length of use. Therefore, the request is not medically necessary.