

Case Number:	CM15-0187365		
Date Assigned:	09/29/2015	Date of Injury:	09/29/2009
Decision Date:	11/09/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/23/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male who sustained an industrial injury on 9-29-09. A review of the medical records indicates he is undergoing treatment for status post bilateral total knee replacements on 2-25-15. Medical records (3-20-15 to 6-18-15) indicate continued limited range of motion with flexion and extension of knees bilaterally. The injured worker's initial evaluation with physical therapy was on 3-20-15. The physical therapy evaluation notes left knee flexion of 90 degrees in active range of motion, 92 degrees passive range of motion, right knee 96 degrees active range of motion, 100 degrees passive range of motion. Left knee extension is -16 degrees active range of motion, -11 degrees passive range of motion. Right knee is -23 degrees active range of motion, -20 degrees passive range of motion. Physical therapy was ordered on 3-19-15 for 2-3 times per week for 4-6 weeks. On 6-18-15, the physical therapy progress record states that the injured worker's "extension is much improved and less pain overall with activity, but is still very limited into flexion and extension and painful near end ranges". The treating provider provided a prescription for an "extension brace for bilateral knee flexion contractures" on 5-12-15. The 6-8-15 provider progress note indicates the treatment plan to "continue to make progress at physical therapy focusing on extension". The utilization review (8-26-15) indicates the requested service of a knee extension Dynasplint, right and left, x 12 additional months rental. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Knee extension Dynasplint, right knee and left knee for 12 additional months 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; BlueCross BlueShield, Durable Medical Equipment Section - Continuous Passive Motion Devices, DME Policy No: 39, Effective Date: 04/05/2015; Clinical Policy Bulletin: AETNA.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Static progressive stretch (SPS) therapy, pages 348-349.

Decision rationale: Per ODG guidelines, Dynasplint is recommended as an adjunct to physical therapy with documented signs of significant stiffness and loss of motion in the sub-acute injury or post-operative period. Static progressive stretching is also an option in the treatment of contractures, connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, post total knee replacement, ACL reconstruction, fractures, and adhesive capsulitis. Although the patient has limited knee range of motion, there is no demonstrated stiffness for surgery over 8 months ago with aggressive extensive post-operative therapy. Submitted reports have not mentioned any functional restoration treatment plan with physical therapy or home exercise program. There is no report of symptom presentation of stiffness, night pain, limitation with ADLs nor are there any clear specific clinical findings to support the request for the Dynasplint rental for an additional 12 months (1 year). Submitted reports have not adequately demonstrated findings to support to meet guidelines criteria for the Dynasplint. The Knee extension Dynasplint, right knee and left knee for 12 additional months rental is not medically necessary and appropriate.