

<b>Case Number:</b>	CM15-0191372		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	11/13/2002
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 female, who sustained an industrial injury on 11-13-2002. Medical records indicate the worker is undergoing treatment for failed right knee arthroplasty with revision on 2-23-2015. The most recent progress report dated 5-21-2015, reported the injured worker complained of her right knee being stiffer and swelling again. Physical examination revealed right knee range of motion of flexion 2 degrees and extension 80 degrees. Imaging from the progress note stated it showed well positioned prosthesis without evidence of loosening or failure. Treatment to date has included physical therapy, home exercise program and medication management. The physician is requesting Knee extension Dynasplint, 3 months rental for the right knee and Knee flexion Dynasplint, 3 months rental. On 8-31-2015, the Utilization Review denied the request for Knee extension Dynasplint, 3 months rental for the right knee and Knee flexion Dynasplint, 3 months rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Knee extension dynasplint, 3 months rental for the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): General Approach, Initial Assessment, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Our Products, DynaSplint Systems Inc. <http://www.dynasplint.com/joints/knee>, accessed 11/06/2015.

**Decision rationale:** The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation indicated the worker was experiencing right knee pain and stiffness. There were no documented examination findings suggesting the right knee was unstable. There was no discussion suggesting the worker was actively performing the type of activities described above or detailing why this particular brace was needed after the procedure. In the absence of such evidence, the current request for the three-month rental of a Dynasplint right knee extension system is not medically necessary.

**Knee flexion Dynasplint, 3 months rental: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Knee Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee chapter.

**MAXIMUS guideline:** Decision based on MTUS Knee Complaints 2004, Section(s): Initial Assessment, General Approach, Medical History, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Activity Alteration, Work Activities, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References. Decision based on Non-MTUS Citation Our Products, DynaSplint Systems Inc. <http://www.dynasplint.com/joints/knee>, accessed 11/06/2015.

**Decision rationale:** The MTUS Guidelines recommend the use of knee braces for instability of the kneecap or specific ligaments in the knee, although the benefit is likely more by increasing the worker's confidence than medical. Bracing is generally helpful only if the worker is performing activities such as carrying boxes or climbing ladders; it is not necessary for the average worker. When bracing is required, proper fitting and combination with a rehabilitation program is required. The submitted and reviewed documentation indicated the worker was experiencing right knee pain and stiffness. There were no documented examination findings suggesting the right knee was unstable. There was no discussion suggesting the worker was actively performing the type of activities described above or detailing why this particular brace was needed after the procedure. In the absence of such evidence, the current request for the three-month rental of a Dynasplint right knee flexion system is not medically necessary.