

<b>Case Number:</b>	CM15-0191715		
<b>Date Assigned:</b>	10/05/2015	<b>Date of Injury:</b>	02/25/2011
<b>Decision Date:</b>	11/24/2015	<b>UR Denial Date:</b>	09/22/2015
<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, Ohio, 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 50 year old female, who sustained an industrial injury on February 25, 2011, incurring lower back, left knee, hip, thigh and ankle injuries. She was diagnosed with sciatica, left knee contusion and lumbar radiculopathy. Treatment included physical therapy with good pain relief, pain medications, topical anti-inflammatory drugs gel, topical analgesic patches, sleep aides, and activity restrictions. Currently, the injured worker complained of ongoing left knee pain, restricted motion with a flexion contracture and limited flexion of the left lower extremity. She had decreased sensation along the leg and foot. The left leg contractures made gait and ambulation difficult due to the discomfort and pain. She had no swelling or effusion of the left knee. She was diagnosed with a complex regional pain syndrome. The treatment plan that was requested for authorization on September 29, 2015, included physical therapy twice a week for two weeks, and a Dynasplint for the left knee. On September 22, 2015, a request for physical therapy and a splint for the left knee were denied by utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy, Twice Weekly For 2 Weeks # 4: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. The records outline a patient with a knee contracture for whom a Dynasplint and PT have been requested. A prior physician review recommended non-certification of both requests with the rationale that 4 sessions were not enough PT to achieve maximum benefit from the Dynasplint; this is a circular argument and is inapplicable since the treating physician can request additional therapy if the Dynasplint is tolerated. This request is medically necessary.

**Dynasplint, Left Knee:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee and Leg.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee/Dynasplint (Static Progressive Stretch).

**Decision rationale:** ODG recommends use of a Dynasplint for patients with contractures of the knee not responsive to prior treatment. This situation applies in this case. An initial physician review non-certified this request with the rationale that only 4 sessions of PT had been requested and this is not enough to achieve maximum benefit of the Dynasplint; however, the treating physician may request additional PT if the patient tolerates initial attempts at using the Dynasplint. This request is medically necessary.