

<b>Case Number:</b>	CM15-0028447		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/16/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 42 year old male who sustained an industrial injury to his left knee from tripping and twisting his knee on January 14, 2014. The injured worker underwent a left knee arthroscopy with medial meniscus repair, chondroplasty, trochlea, medial femoral condyle, and lateral tibia plateau on June 10, 2014. According to the primary treating physician's progress report on December 11, 2014 the injured worker reports improvement with flexibility. He continues to experience pain to the left posterior aspect of the knee. The injured worker is under care for post op left deep vein phlebitis. Current medications consist of Cyclobenzaprine and Coumadin. No pain medications were noted. Treatment modalities consist of 12 completed initial physical therapy sessions with continuation of authorized physical therapy, home exercise program and Dynasplint. The treating physician requested authorization for additional 2 month rental of Dynasplint for left knee. On January 16, 2015 the Utilization Review denied certification for additional 2 month rental of Dynasplint for left knee. Citation used in the decision process was the Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional 2 months rental of dynasplint for left knee:** 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.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Dynamic splinting systems, Static progressive stretch (SPS) therapy and Other Medical Treatment Guidelines Medicare.gov, durable medial equipment, <http://www.dynasplint.com/product/knee-extension-splint/>.

**Decision rationale:** According to the manufacturer's website, Dynasplint is a knee extension and/or flexion splint used to "treat joint stiffness and restore lost range of motion due to injury, trauma, surgery or disease." ODG discusses dynamic splinting systems and static progressive stretch (SPS) therapy similarly by stating "Recommended as indicated below. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted 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." ODG details additional criteria for selection: 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. Medical documents indicate that the dynasplint has been used since 9/2014, far in excess of the guideline recommendations. The treating physician does not detail why continuation of dynasplint is being requested. As such, the request for Additional 2 month's rental of dynasplint for left knee is not medically necessary.