

Case Number:	CM15-0030283		
Date Assigned:	02/23/2015	Date of Injury:	03/28/2004
Decision Date:	04/07/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/18/2015

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, Hawaii

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 67 year old female who sustained an industrial injury on 03/28/2004. Current diagnoses include joint pain lower leg and pain ankle foot. Previous treatments included medication management, left knee surgery, physical therapy, and prior use of the JAS device. Report dated 12/04/2014 noted that the injured worker presented with increased mobility and noted relief. Physical examination was stable. Utilization review performed on 01/20/2015 non-certified a prescription for JAS (Joint Active System brace) knee device, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS, ACOEM, and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS knee device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee Chapter Joint active systems (JAS) splints.

Decision rationale: The patient presents with total left knee arthroplasty (4/21/14). The current request is for JAS knee device. A JAS knee device is a static progressive stretch device. The treating physician states, "Pt states that she is doing well. No Pain. Pt states she uses her Jas splint every other day." (13B) The treating physician also documents that the patient has been using the JAS knee device since at least October 2014. The ODG guidelines state, "Not recommended. There is insufficient evidence in the peer-reviewed published medical literature concerning the effectiveness of JAS splints." In this case, the treating physician has requested a medical device that is not recommend by ODG guidelines. The current request is not medically necessary and the recommendation is for denial.