

<b>Case Number:</b>	CM14-0119923		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2014

### 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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 50-year-old male with a date of injury of 6/6/13. The mechanism of injury occurred when he stepped over a package and twisted his right foot and knee. The patient had 2 surgeries on 2/11/14 and 5/22/14. On 2/11/14 for debridement and harvesting of chondrocytes for later implantation and the right knee ACI and ACL reconstructive surgery was on 5/22/14. On 6/24/14, he stated that the pain in his right knee is aggravated by walking for more than 1 hour, and getting in and out of his work truck. The pain occasionally radiates from the knee down to the ankle and back up to the hip. On exam there was restricted range of motion (ROM) with marked weakness also noted in the hamstrings and quadriceps. The passive range of motion showed flexion contracture. The diagnostic impression is ACL (anterior cruciate ligament) tear, chondral fracture, and status post ACL reconstruction and ACI (autologous chondrocyte implantation). Treatment to date: ACI & ACL repair 5/22/14, physical therapy. A UR decision dated 7/16/14 modified the request for DME- Dynasplint for the right knee purchase to a 1 month rental of Dynasplint for the right knee. ODG state that the use of static progressive stretch (SPS) therapy which is a mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used for one of the following conditions: 1. Joint stiffness caused by immobilization; 2. Established contractures when passive range of motion is restricted; 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion (ROM), including total knee replacement, ACL reconstruction; 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. The patient has had 2 procedures that are well known for post-op struggle to regain ROM. The Dynasplint is

an effective method of treating these contractures. The request is therefore, modified to a 1-month rental.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**DME - Dyna splint for right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-web edition 12 th edition 2014 Knee, static dynamic stretch

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Ankle Chapter, as well as Other Medical Treatment Guideline or Medical Evidence: Peer Reviewed literature "Static progressive stretch for the treatment of knee stiffness".

**Decision rationale:** CA MTUS does not address this issue. ODG criteria for static progressive stretch therapy include joint stiffness caused by immobilization; contractures when passive ROM is restricted; healing soft tissue including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis; or when used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. However, the patient's failure to progress despite conventional therapy is consistent with ODG guidelines for utilization of static progressive stretch (SPS) therapy. ODG indicates up to 8 weeks of treatment. On 6/24/14, he has pain in his right knee with walking for more than 1 hour, and pain with climbing in and out of his work truck. There was ROM with weakness and passive ROM revealed contractures. He appears to be a candidate for SPS therapy. The UR modified the request to allow for a 1-month trial of the Dynasplint. However, this request is for a purchase. There is no clear rationale provided as to why the patient would need to purchase this unit as opposed to a rental as recommended by the previous UR decision. Therefore, the request for purchase of DME - Dynasplint for right knee is not medically necessary.