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| <b>Case Number:</b>   | CM14-0141175 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 07/20/2012 |
| <b>Decision Date:</b> | 10/30/2014   | <b>UR Denial Date:</b>       | 08/11/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/02/2014 |

### 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 Surgeon, has a subspecialty in Sports Medicine 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:

The injured worker is a 40-year-old female with a reported date of injury on 07/20/2012. The mechanism of injury was not provided with the records. The injured worker's diagnoses included "derang medial meniscus NEC" and tear lateral meniscus knee. The injured worker's past treatments included pain medication, physical therapy, and bracing. There was no relevant diagnostic imaging studies submitted for review. There is no relevant surgical history documented in the notes. The subjective complaints on 06/02/2014 included continued right knee pain and swelling, along with popping, clicking, and giving out. The objective physical exam findings were that the right knee extension is 160 degrees. The injured worker's medications included Tylenol No. 3, naproxen, and omeprazole. The treatment plan was to prescribe pain medication, prescribe physical therapy, and use a brace. A request was received for 3 month rental of a knee extension Dynasplint for the right knee. The rationale for the request was to maintain the range of motion for the right knee. The request for 3-month rental of a knee extension Dynasplint for the right knee is not medically necessary. The Request for Authorization form was dated 07/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3-month rental of a knee extension dynasplint for the right 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: Knee Chapter, Static progressive stretch (SPS) therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg, Static progressive stretch (SPS) therapy

**Decision rationale:** The request for 3-month rental of a knee extension Dynasplint for the right knee is not medically necessary. The Official Disability Guidelines state that static progressive stretch 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. Criteria for the use of static progressive stretch are as follows: a mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used for 1 of the following conditions: joint stiffness caused by immobilization, established contracture when passive range of motion is restricted, healing soft tissue that can benefit from constant low intensity tension, appropriate candidates include patients with connective tissue changes, such as results from traumatic and nontraumatic conditions or immobilizations. The injured worker has chronic knee pain. There was a lack of documentation that the right knee had any contractures or that passive range of motion is restricted. Additionally, the range of motion to the right knee was documented as 160 degrees. Furthermore the guidelines recommend that the device rental can be for a maximum of 8 weeks. As there were no contractures on passive range of motion or stiffness caused by immobilization, and the request for the 3 month rental exceeds the guideline recommended 8 week rental period, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.