

Case Number:	CM14-0146403		
Date Assigned:	09/12/2014	Date of Injury:	08/04/2008
Decision Date:	10/15/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The 75-year-old female claimant is with an industrial injury dated 08/04/08. Exam note 06/08/14 states the patient has completed 24 physical therapy sessions. The patient continues to struggle with her range of motion and has swelling/stiffness. The patient has a flexion of 95 degrees, and a limited extension to 15 degrees. The patient also demonstrates that she struggles with impaired ambulation due to limited range of motion. Upon the physical exam her physical strength continues to improve and her right quad is now a 4/5, right hamstring a 4/5, but she has difficulty with a heel strike phase of her gait due to the lack of full extension. The patient is currently ambulating with a cane with no impairment to stability. The following day on 06/19/14 the patient returns to the office and it is noted that her range of motion is a 10/80. The patient's swelling decreased and she has a treatment plan to continue to use the Dynasplint and attend physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued rental of Dynasplint for right knee x 3 months: 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 and Leg (updated 06/05/2014), Dynamic Splinting Systems

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 Leg, Static progressive stretch

Decision rationale: CA MTUS/ACOEM is silent on the issue of Dynasplint. According to the ODG Knee and Leg, Static progressive stretch, states that "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." There is insufficient evidence from the cited notes of 6/8/14 for continued Dynasplint use as range of motion has not improved with its use. Therefore, continued rental of Dynasplint for right knee x 3 months is not medically necessary and appropriate.