

Case Number:	CM14-0170536		
Date Assigned:	10/20/2014	Date of Injury:	02/19/2014
Decision Date:	11/20/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/15/2014

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 New York. 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 patient originally injured the left knee in 2001 while running. Patient has chronic knee pain. The patient had left knee scope with manipulation. The patient is having increased pain in the right knee. There is swelling of the right knee. Patient's date of surgery was September 11, 2014. Patient was undergoing physical therapy. On physical examination patient has reduced range of knee motion. There is no effusion no swelling in the wound is clean and dry. The patient is using a CPM initiated. He feels his mobility is improving. The latest physical exam documented in the medical records indicate that the patient currently has knee range of motion from 5 through 113 which is significant improved postoperatively. At issue is whether a range of motion knee brace is medically necessary brace is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stat-A-Dyne knee extension/flexion: 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 Procedure Summary

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ODG knee pain chapter

Decision rationale: The patient underwent left knee scope with manipulation on September 11, 2014. The medical records documented the patient has had benefit with physical therapy. The patient is also currently receiving CPM treatment and physical therapy. Stat Dyne knee extension flexion is not medically necessary. The medical records indicate that the patient's post-treatment range of motion is currently 5 to 113. The medical records indicate that physical therapy has clinically improved the patient's range of motion. Since the patient is improving with physical therapy and has almost normal terminal extension and greatly improved knee range of motion with physical therapy, the medical necessity for splinting has not been established. Therefore, the request for Stat-A-Dyne knee extension/flexion is not medically necessary and appropriate.