

Case Number:	CM14-0073526		
Date Assigned:	07/16/2014	Date of Injury:	06/25/2010
Decision Date:	09/30/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/20/2014

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 Orthopedics 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 63 year old male claimant with an industrial injury dated 06/25/10. The patient is status post left total knee replacement as of 01/31/14, and a total right knee replacement which was done on 01/30/13 with manipulation under anesthesia on 06/17/13. The patient has had a Dynasplint for the right knee since March 2013. Exam note 3/17/14 demonstrates left knee with healed surgical scar with flexion of 84 degrees and extension of 0 degrees. Exam note 04/23/14 states the patient's current medication of Norco helps with pain relief. Exam note from 4/23/14 demonstrates right knee flexion of 97 degrees and extension of 0 degrees. Treatment plan includes a continuation of the knee extension Dynasplint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Rental: Knee Extension Dynasplint, Knee Flexion Dynasplint x 3 months:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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." It is recommended for up to 8 weeks when used for established contractures when passive range of motion is restricted. In this case the exam notes demonstrate the claimant is over 6 months from surgery. This exceeds the 8 weeks recommended and therefore, the request is not medically necessary.