

Case Number:	CM14-0212353		
Date Assigned:	01/02/2015	Date of Injury:	06/24/2011
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 24, 2011. In a Utilization Review Report dated December 5, 2014, the claims administrator denied a request for a dynamic splint for extension and flexion of the knee. The claims administrator referenced an October 20, 2014 progress note in its determination. The applicant was reportedly status post a total knee arthroplasty some three weeks prior. The rationale was very difficult to follow. The claims administrator seemingly suggested that the request was initiated too far removed from the date of surgery. The claims administrator referenced a progress note dated October 20, 2014 in its determination. The applicant's attorney subsequently appealed. In said October 20, 2014 progress note, the applicant reported persistent complaints of knee pain and swelling some seven months removed from the date of total knee arthroplasty. The applicant exhibited a satisfactory gait. The applicant had minimal effusion. The applicant possessed -10 to 95 degrees knee range of motion. X-rays demonstrated excellent alignment of the implant. The applicant was asked to continue with physical therapy. A cane was endorsed. The applicant was asked to try and progress off of the cane. There was no mention of the need for a dynamic splint. On September 23, 2014, the applicant reported ongoing complaints of knee pain status post total knee arthroplasty. The applicant was asked to start outpatient physical therapy. The applicant possessed a -10 to 95 degrees of knee range of motion. The applicant's gait was reportedly satisfactory with an ambulatory aid. On December 3, 2014, the applicant underwent a left total knee arthroplasty. The operative report was difficult to follow. The applicant was given a

preoperative diagnosis of right knee arthritis and a postoperative diagnosis of left knee arthritis; nevertheless, it did appear that the left knee was the knee operated upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic Splint for extension and flexion for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2014, Knee, Static progressive stretch therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Knee and Leg Chapter, Static Progressive Stretch Therapy topic.

Decision rationale: The MTUS does not address the topic. While ODG's Knee Chapter Static Progressive Stretch Therapy topic does acknowledge that static progressive stretch therapy (AKA dynamic splinting) can be employed for up to eight weeks for applicants with joint stiffness caused by immobilization, applicants with established contractures, and/or as an adjunct to physical therapy within three weeks of manipulation or surgery to improve range of motion, in this case, however, it is not clearly stated for what purpose the dynamic splinting was being sought. Progress notes of September 23, 2014 and October 20, 2014, referenced above, made no mention for the need for dynamic splinting. The applicant was described as exhibiting a satisfactory gait on those dates with range of motion ranging from -10 to 95 degrees. It did not appear, in short, that the applicant had an established joint contracture. More importantly, the attending provider did not clearly state in what context the dynamic splinting was intended. The progress notes surrounding the RFA form contained no reference to the need for the device at issue. Therefore, the request was not medically necessary.