

Case Number:	CM15-0125657		
Date Assigned:	07/10/2015	Date of Injury:	09/23/2011
Decision Date:	08/13/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old male who sustained an industrial injury on 09/23/11. Initial complaints and diagnoses are not available. Treatments to date include left knee replacement, manipulation under anesthesia, and physical therapy. Diagnostic studies are not addressed. Current complaints include left knee stiffness. Current diagnoses include stiffness of the joint lower leg. In a progress note dated 05/18/15, the treating provider reports the plan of care as return to work with modified duties and continued physical therapy. The requested treatment is a JAS knee B Direct Static Progressive Stretch unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional JAS knee B Direct SPS for 4 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter, Joint active systems (JAS) splints.

Decision rationale: The patient presents with left knee stiffness. The current request is for Additional JAS knee B Direct SPS for 4 months. The treating physician states, in a report dated 06/29/15, "Patient presents today for follow up evaluation he status post revision left total knee replacement the patient has been utilizing dynamic bracing for both extension and flexion and in fact has made progress with benefits of this is now walking without a cane. He is advised braces in with him today." (8B) The MTUS guidelines are silent on JAS. The ODG guidelines state, "not recommended. There is insufficient evidence in the peer-reviewed published medical literature concerning the effectiveness of JAS splints." In this case, the treating physician documents, "Patient continues to improve in regards to the range of motion however he still has a flexion contracture 5 degrees and flexion only to approximately 90 95 degrees the patient would benefit from continued use of the dynamic splinting both for extension purposes and flexion purposes. I would expect that he would need this for an additional 2 months. Patient we will attempt to obtain authorization to continued use of the dynamic bracing in order to improve his extension and flexion patient will see me back in 6 weeks." The treating physician has requested a medical device that is not recommend by ODG guidelines and as a result, the current request is not medically necessary.