

Case Number:	CM15-0174368		
Date Assigned:	09/16/2015	Date of Injury:	01/26/2015
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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 45 year old female with an industrial injury dated 01-26-2015. A review of the medical records indicates that the injured worker is undergoing treatment for status post left knee anterior cruciate ligament (ACL) reconstruction and left knee arthrofibrosis. Treatment consisted of diagnostic studies, prescribed medications, at least 17 physical therapy sessions and periodic follow up visits. In a progress report dated 07-27-2015, the injured worker reported stiffness in her left knee. Left knee exam revealed antalgic gait, atrophy, decrease flexion and tenderness along the medial and lateral joint line. Physical therapy report dated 08-18-2015 revealed that the injured worker had increased strength to the left quad, hamstring and hip abductor. Passive range of motion to the left was noted to be at 0-145 degrees. According to the progress note dated 08-24-2015, the injured worker presented for left knee evaluation. Objective findings revealed antalgic gait, inability to fully squat, atrophy along the quadriceps, and hamstring muscles. As of 08-24, 2015, the injured worker's work status was light duty. The treating physician prescribed services for left knee Dynasplint and additional post-op physical therapy 2 times a week for 3 weeks of left knee, now under review. Utilization Review determination on 08-28-2015, denied the request for left knee Dynasplint and additional post-op physical therapy 2 times a week for 3 weeks of left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left knee dynasplint: Overturned

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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Knee, Static Progressive Stretch (SPS) Therapy.

Decision rationale: The attending physician report dated 7/27/15 indicates the patient has ongoing stiffness and instability in her left knee following ACL repair surgery on 4/21/15. The current request for consideration is left knee Dynasplint. The attending physician states the patient is struggling to regain flexion and extension. The dynasplint is now imperative to help her regain the flexion and extension she is lacking. The ODG does recommend Dynasplint as indicated below. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contractured joint and provide incremented tension in order to increase range of motion. 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. Prophylactic use of dynamic splinting is not recommended, and dynamic splinting is not recommended at all in the management of joint injuries of the shoulder, ankle and toe, or for carpal tunnel syndrome. (Aetna, 2010) Static progressive stretching devices may be an effective method for increasing the ranges of motion and satisfaction levels of patients who develop arthrofibrosis after total knee arthroplasty. Criteria for the use of static progressive stretch (SPS) therapy: A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: 1. Joint stiffness caused by immobilization. 2. Established contractures when passive ROM is restricted. 3. Healing soft tissue that can benefit from constant low-intensity tension, specifically ACL reconstruction. 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. In this case the attending physician documents joint stiffness and contracture and the patient is healing from ACL reconstruction. The medical records are consistent with ODG guidelines and the request is therefore medically necessary.

Post-op physical therapy 2 times a week for 3 weeks of left knee: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines -Knee and Leg (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Knee.

Decision rationale: The attending physician report dated 7/27/15 indicates the patient has ongoing stiffness and instability in her left knee following ACL repair surgery on 4/21/15. The

current request for consideration is for Post-op physical therapy 2 x a week for three weeks left knee. The attending physician report dated 7/27/15 indicates the patient continues to struggle with regaining flexion and full extension of her knee. He indicates she requires more strength for stability. The attending physician report dated 7/27/15 indicates the patient has ongoing stiffness and instability in her left knee following ACL repair surgery on 4/21/15. The current request for consideration is for Post-op physical therapy 2 x a week for three weeks left knee. The attending physician report dated 7/27/15 indicates the patient continues to struggle with regaining flexion and full extension of her knee. He indicates she requires more strength for stability. The MTUS Postsurgical guidelines do recommend physical therapy as noted below: Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Postsurgical treatment: (ACL repair): 24 visits over 16 weeks. Postsurgical physical medicine treatment period: 6 months. In this case, the records indicate the patient had surgery to repair the left knee ACL on April 21, 2015. The records indicate the patient has received 17 physical therapy sessions to date. The records also indicate the patient has improved with therapy, but requires additional therapy. The request for additional physical therapy is consistent with the MTUS postsurgical guidelines and therefore the request is medically necessary.