

<b>Case Number:</b>	CM15-0097347		
<b>Date Assigned:</b>	05/28/2015	<b>Date of Injury:</b>	07/04/2012
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency 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 injured worker is a 60 year old female, who sustained an industrial injury on 7/4/2012. She reported injury from falling down steps. The injured worker was diagnosed as having knee manipulation under anesthesia due to post traumatic arthritis and prior right total knee arthroplasty. There is no record of a recent diagnostic study. Treatment to date has included knee manipulation, physical therapy, home exercises and medication management. Currently, the injured worker complains of right knee pain and stiffness. The treating physician is requesting Dyna-splint knee flexion-90 day rental.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dynasplint Knee Flexion, 90 Day Rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Static Progressive Stretch devices.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Static Progressive Stretch Devices.

**Decision rationale:** Guidelines recommend static progressive stretch therapy for increasing range of motion of patients who develop arthrofibrosis after total knee replacement and have joint stiffness due to immobilization, contractures, healing of tissue, and as an adjunct to physical therapy within 3 weeks of manipulation or surgery. Since these conditions do not apply to this patient, the request for Dynasplint knee flexion, 90 day rental is not medically appropriate and necessary.