

Case Number:	CM15-0097925		
Date Assigned:	05/29/2015	Date of Injury:	05/27/2014
Decision Date:	06/29/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	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: California
 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:

This female injured worker sustained an industrial injury on 05/27/2014. She was working full duty at the time of progress note below. The injured worker is currently diagnosed as having left knee meniscus tear with chondromalacia and internal derangement of knee. Treatment and diagnostics to date has included cortisone injection that did not help, left knee MRI showed chondromalacia and medial meniscus tearing, and medications. In a progress note dated 09/12/2014, the injured worker presented with complaints of continued discomfort in her left knee and is interested in surgical intervention. Objective findings include left knee tenderness and positive McMurray sign. The treating physician reported requesting authorization for a Dynasplint knee extension.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint knee extension x 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Lower Leg, Static progressive stretch (SPS) therapy.

Decision rationale: The requested Dynasplint knee extension x 3 months, is not medically necessary. CA MTUS is silent. Official Disability Guidelines, Knee and Lower Leg, Static progressive stretch (SPS) therapy, noted "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. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. 4. Used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion." The injured worker has continued discomfort in her left knee and is interested in surgical intervention. Objective findings include left knee tenderness and positive McMurray sign. The treating physician has not documented the medical necessity for use of hit s DME beyond the guideline recommended 8 weeks. The criteria noted above not having been met, Dynasplint knee extension x 3 months is not medically necessary.