

<b>Case Number:</b>	CM14-0142023		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	03/12/2013
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Texas and Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old female who reported a date of injury of 03/12/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of right knee strain, lumbar stenosis, degenerative discogenic disease midline, status post left knee patella comminuted fracture and left knee medial meniscus tear. Prior treatments included physical therapy. The injured worker had a MRI of the left knee on 06/13/2013 with official findings indicating the injured worker had nonossifying fibroma in the distal aspect of the femur, globular increased signal intensity in posterior horn of medial meniscus most consistent with intrasubstance degeneration, patella baja with considerable magnetic susceptibility artifact present within the patella, foreshortening of the patella highly suspicious for prior trauma and quadriceps and patellar thickening, and abnormal signal intensity within the patellar tendon most consistent with strain. Surgeries included left knee patella comminuted fracture of unknown date; however, it is noted she had surgery prior to the 11/05/2013 examination. The injured worker had complaints of left knee, low back and left ankle pain. The physical therapy note dated 04/02/2014 noted the injured worker continued to exhibit IT band tightness. The range of motion of the left knee showed 110 degrees of flexion and -8 degrees of extension. It was noted the injured worker was improving with aquatic therapy exercises but continued to show deficits in gluteal strength and hamstring length. The clinical note dated 08/05/2014 noted the injured worker had restricted range of motion in the left knee, moving from 5 to 100 degrees. The injured worker had pain across the right knee across the joint line with patellofemoral crepitation and, limited range of motion in the lumbar spine with muscular spasms. Medications included Keto cream, Capsaicin cream, Anaprox, and Ativan. The treatment plan included the physician's recommendation for a left ankle splint, dynasplint for the left knee, Keto and Capsaicin creams and additional physical therapy. The rationale was the injured worker had a poor prognosis for

the left knee with suspicion the injured worker was developing a component of causalgia and was presenting with early onset of complex regional pain syndrome. The request for authorization form was received on 09/10/2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Dynasplint, Left Knee QTY: 1.00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg (web: updated 6/5/14)Static progressive stretch (SPS) therapy

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

**Decision rationale:** The request for a Dynasplint left knee quantity 1 is not medically necessary. The injured worker had complaints of left knee, low back and left ankle pain. The Official Disability Guidelines state a Dynasplint may be recommended for the knee when there is joint stiffness caused by immobilization or when the patient has established contractures when passive range of motion is restricted. Dynsplint may be used when 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. Dynasplint may be used as an adjunct to physical therapy within 3 weeks of manipulation or surgery performed to improve range of motion. There is a lack of documentation indicating the injured worker has stiffness caused by immobilization or a contracture to the left knee. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

#### **Additional Physical Therapy 3 Times A Week For 4 Weeks Left Knee QTY: 12.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Guidelines Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg updated 6/5/14Physical therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99,Postsurgical Treatment Guidelines Page(s): 24.

**Decision rationale:** The request for additional physical therapy 3 times a week for 4 weeks left knee quantity 12 is not medically necessary. The injured worker had complaints of left knee, low back and left ankle pain. The California MTUS guidelines recommend allowing for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines recommend 9-10 sessions of physical therapy over 8 weeks. The injured worker has completed 12 sessions of physical therapy as of 04/02/2014 for the left knee with the date of the prior surgery unknown; however, it is noted she had surgery prior to the

11/05/2013 examination. An additional 12 sessions of physical therapy would exceed the guideline recommendations. Furthermore, there is a lack of documentation indicating the injured worker has significant functional deficits or demonstrated functional improvement with the previous physical therapy to warrant additional physical therapy sessions. As such, the request is not medically necessary.