

Case Number:	CM14-0185813		
Date Assigned:	11/13/2014	Date of Injury:	10/08/2008
Decision Date:	10/13/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/07/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 55 year old male, who sustained an industrial injury on 10-08-2008. He has reported injury to the bilateral shoulders and bilateral knees. The diagnoses have included disorders of bursae and tendons in shoulder region; status post right knee surgery, on 11-28-2012; osteoarthritis left leg; and tear of medial cartilage or meniscus of knee, left . Treatment to date has included medications, diagnostics, injections, bracing, physical therapy, and surgical intervention. Medications have included Norco, Mobic, Skelaxin, Lidoderm Patch, and Neurontin. A progress report from the treating physician, dated 10-02-2014, documented an evaluation with the injured worker. The injured worker reported left knee pain; he has completed 5 sessions of physical therapy since his last visit; he continues to take Mobic, Norco, Skelaxin, and Neurontin for his pain; and he still has moderate pain and stiffness. Objective findings included gait: limp; he uses a cane for balance; the left knee has soft tissue swelling, without effusion; range of motion is unchanged; he remains tender throughout the fat pad; he has continued joint line tenderness; there is tenderness in the patella and quadriceps tendons, as well as the hamstrings; and his knee is ligamentously stable. The treatment plan has included the request for additional physical therapy twice a week for 6 weeks for the left knee; and Dynasplint for flexion of the left knee. The original utilization review, dated 09-17-2014, non-certified a request for additional physical therapy twice a week for 6 weeks for the left knee; and Dynasplint for flexion of the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional physical therapy twice a week for 6 weeks for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg Physical Medicine Guidelines.

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

Decision rationale: The claimant sustained a work injury in October 2008 and is being treated for injuries to the knees and shoulders. He underwent a partial left knee medial meniscectomy with debridement and manipulation under anesthesia in March 2014 with intraoperative flexion to 135 degrees. When seen, he had a limp and was using a cane. There was swelling and a trace effusion. There would medial joint line and patellar and quadriceps tenderness. Knee range of motion was from 0 to 105 degrees. Physical therapy and a DynaSplint are being requested. As of 07/14/14 there had been completion of 6 post-operative treatments. After the surgery performed, guidelines recommend up to 20 visits over 4 months with a physical medicine treatment period of 6 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. In this case, the requested number of post-operative therapy visits being requested before completion of the initial course of therapy is in excess of accepted guidelines and what would be needed to determine whether further therapy was needed or likely to be effective. The request was not medically necessary.

Dynasplint for flexion of left knee: 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 & Leg - Dynasplint.

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

Decision rationale: The claimant sustained a work injury in October 2008 and is being treated for injuries to the knees and shoulders. He underwent a partial left knee medial meniscectomy with debridement and manipulation under anesthesia in March 2014 with intraoperative flexion to 135 degrees. When seen, he had a limp and was using a cane. There was swelling and a trace effusion. There would medial joint line and patellar and quadriceps tenderness. Knee range of motion was from 0 to 105 degrees. Physical therapy and a DynaSplint are being requested. As of 07/14/14 there had been completion of 6 post-operative treatments. Static progressive stretch therapy uses a mechanical device for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. Criteria for use include for treatment of an established contractures when passive range of motion is

restricted. In this case, the claimant has lost range of motion following the manipulation under anesthesia. He has an established contracture and the requested DynaSplint is appropriate and medically necessary.