

Case Number:	CM14-0141681		
Date Assigned:	09/12/2014	Date of Injury:	09/30/2011
Decision Date:	10/16/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 59-year-old gentleman was reportedly injured on September 30, 2011. The most recent progress note, dated July 10, 2014, indicates that there are ongoing complaints of right wrist and hand pain rated at 8/10. The physical examination demonstrated swelling of the dorsal of the right hand and tenderness along the radial aspect of the wrist. There was decreased right wrist range of motion and decreased grip strength. Numbness was also noted over the dorsum of the hand. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral medications, Dynasplint usage, and home exercise. A request had been made for a Dynasplint rental for three months for PIP and MCP flexion as well as supination and pronation and was not certified in the pre-authorization process on August 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MCP flexion Dynasplint rental for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Static Progressive Stretch Therapy,

Decision rationale: The Official Disability Guidelines recommends the use of static progressive stretch therapies such as a Dynasplint for up to eight weeks for joint stiffness caused by mobilization, contractures, or healing soft tissues. A review of the medical records indicates that the injured employee has previously used a Dynasplint for eight weeks with little benefit. Considering this, the request for Dynasplint rental for three months for MCP flexion, PIP flexion, as well as supination and pronation is not medically necessary.

1 PIP flexion Dynasplint rental for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Static Progressive Stretch Therapy,

Decision rationale: The Official Disability Guidelines recommends the use of static progressive stretch therapies such as a Dynasplint for up to eight weeks for joint stiffness caused by mobilization, contractures, or healing soft tissues. A review of the medical records indicates that the injured employee has previously used a Dynasplint for eight weeks with little benefit. Considering this, the request for Dynasplint rental for three months for MCP flexion, PIP flexion, as well as supination and pronation is not medically necessary.

1 SUP/PRO Dynasplint rental for 3 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand, (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand, Static Progressive Stretch Therapy,

Decision rationale: The Official Disability Guidelines recommends the use of static progressive stretch therapies such as a Dynasplint for up to eight weeks for joint stiffness caused by mobilization, contractures, or healing soft tissues. A review of the medical records indicates that the injured employee has previously used a Dynasplint for eight weeks with little benefit. Considering this, the request for Dynasplint rental for three months for MCP flexion, PIP flexion, as well as supination and pronation is not medically necessary.