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**Notice of Independent Medical Review Determination**

Dated: 8/15/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 5/13/2013  
Date of Injury: 3/20/2013  
IMR Application Received: 5/22/2013  
MAXIMUS Case Number: CM13-0000446

- 1) MAXIMUS Federal Services, Inc. has determined the request for a Dynasplint is **not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 5/22/2013 disputing the Utilization Review Denial dated 5/13/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/8/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for a Dynasplint is **not medically necessary and appropriate.**

### Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery and is licensed to practice in California. 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 treatments and/or services at issue.

### Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated May 13, 2013.

#### History of Condition:

This is a 54-year-old male with a 3/20/2013 date of injury; his RIGHT HAND and PALM were caught between a cylinder and machine frame when removing a piston. 5/3/13 progress report indicates persistent stiffness and weakness in the right hand. Physical exam demonstrates healing wounds and stiffness to right hand and thumb. Range of motion is limited. The patient underwent previous skin graft to the right palm and hand on 3/22/13 and has had physical therapy. The request is for Dynasplint.

### Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review by [REDACTED] (dated 5/13/13)
- Medical Records by [REDACTED] (dated 3/20/13)
- Medical Records by [REDACTED] (dated 3/20/13 to 6/6/13)
- Medical Records by [REDACTED] (dated 3/22/13)
- Official Disability Guidelines – Forearm, Wrist, Hand Chapter: Static Progressive Stretch (SPS) Therapy section

### 1) Regarding the request for a Dynasplint:

#### Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Official Disability Guidelines (ODG) – Forearm, Wrist, Hand Chapter: Static Progressive Stretch (SPS)

Therapy section, which is a medical treatment guideline that is not part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer determined that the MTUS does not address the requested treatment. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 3/20/2013 and has experienced persistent right hand stiffness and weakness as well as limited range of motion. Treatment to date has included a right palm and hand skin graft and physical therapy. A request was submitted for a Dynasplint.

A Dynasplint is a device used for range of motion rehabilitation. The guideline indicates a mechanical device for joint stiffness or contracture may be appropriate for up to 8 weeks when used for one of the following conditions: joint stiffness caused by immobilization; established contractures when passive range of motion is restricted; or healing soft tissue that can benefit from constant low intensity tension. The employee's medical records received and reviewed are insufficient to show joint stiffness or contracture to warrant a Dynasplint. Also, the employee's records indicate improvement with physical therapy. The request for a Dynasplint is not medically necessary and appropriate.

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.



