

Case Number:	CM13-0006956		
Date Assigned:	06/06/2014	Date of Injury:	07/14/2012
Decision Date:	07/24/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/05/2013

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 & Rehabilitation and is licensed to practice in Illinois. 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 68-year-old female with a reported injury on 07/14/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 05/15/2003 reports that the injured worker complained of stiffness in her right hand that originally arose from a fracture of the 5th metacarpal and tight casting. On the physical examination, it was revealed that the injured worker's metacarpophalangeal joint demonstrated flexion at the index to 90 degrees, long finger to 90 degrees, ring finger to 75 degrees, and small finger to 60 degrees. The examination of the injured worker's proximal interphalangeal joint (PIP) revealed flexion of the index to 90 degrees, long finger to 90 degrees, ring finger to 90 degrees, and small finger to 70 degrees. The external of the PIP is full at the index, 20 degrees of flexion contracture at the long, 30 degrees at the ring, and 40 degrees at the small. It was reported on passive flexion, the injured worker raised the thenar eminence with her index. It was also noted that the injured worker was approximately 2 mm shorter at the long finger, 1.5 mm short at the ring, and approximately 3 mm short at the small finger. The provider requested Dyna hand flexion splint and Dyna PIP finger splint for continued rental for 3 months, the rationale was not provided with the clinical notes. The request for authorization was submitted on 07/31/2013. The injured worker's prior treatments were not provided within the clinical notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNA PIP FINGER SPLINT CONTINUED 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), criteria for use of 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), Forearm, wrist, & hand, Static progressive stretch (SPS) therapy.

Decision rationale: The treating physician's rationale for continued Dyna PIP finger splint was not provided within the clinical notes. The Official Disability Guidelines recommend static progressive stretch (SPS) therapy that uses mechanical devices 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. 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: Joint stiffness caused by immobilization and/or established contractures when passive range of motion (ROM) is restricted. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided; there is a lack of documentation indicating the injured worker has significant functional deficit requiring the continued use of a Dyna splint. Given the information provided, there is insufficient evidence to determine appropriateness of continued Dyna splint to warrant medical necessity; as such, the request is not medically necessary.

DYNA HAND FLEXION SPLINT CONTINUED 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), Criteria For Use of 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), Forearm, wrist, & hand, Static progressive stretch (SPS) therapy.

Decision rationale: The treating physician's rationale for continued Dyna hand flexion splint was not provided within the clinical notes. The Official Disability Guidelines recommend static progressive stretch (SPS) therapy uses mechanical devices 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. 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: Joint stiffness caused by immobilization and/or established contractures when passive ROM is restricted. 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, and adhesive capsulitis. Within the provided documentation an adequate and complete assessment of the injured worker's functional condition was not provided. Given the information provided, there is insufficient evidence to determine appropriateness of continued Dyna hand flexion splint to warrant medical necessity; as such, the request is not medically necessary.

