MAXIMUS Federal Services

Case Number:	CM13-0029649		
Date Assigned:	11/27/2013	Date of Injury:	03/19/2012
Decision Date:	04/01/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	09/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York. 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 physician 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 patient is a 49-year-old injured worker who reported an injury on 03/19/2012. The mechanism of injury was not specifically stated. The patient is currently diagnosed with joint contracture of the hand. The most recent physician progress report was submitted on 06/18/2013 by [redacted]. The patient reported stiffness. Physical examination revealed well-healed incisions over the left hand, stiffness over the left ring finger, and intact sensation. Treatment recommendations included continuation of aggressive range of motion exercises and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective PIP Flexion Dynasplint: 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).

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 Chapter, Dynasplint, Static progressive stretch (SPS) therapy

Decision rationale: The Official Disability Guidelines (ODG) state mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used for one of

the following conditions: joint stiffness caused by immobilization, established contracture when passive range of motion is restricted, or healing soft tissue that can benefit from constant low-intensity tension. As per the documentation submitted, the patient's physical examination revealed stiffness over the left ring finger. The patient has previously utilized the requested Dynasplint device. Despite ongoing use, the patient continued to demonstrate significant stiffness over the left hand and ring finger as well as the thumb. Documentation of objective measureable improvement was not provided. There is no clear documentation of stiffness that is caused by immobilization, contractures, or healing soft tissue. The retrospective request for PIP flexion dynasplint is not medically necessary and appropriate.

PIP Flexion Dynasplint: 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).

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 Chapter, Dynasplint, Static progressive stretch (SPS) therapy

Decision rationale: The Official Disability Guidelines (ODG) state mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used for one of the following conditions: joint stiffness caused by immobilization, established contracture when passive range of motion is restricted, or healing soft tissue that can benefit from constant low-intensity tension. As per the documentation submitted, the patient's physical examination revealed stiffness over the left ring finger. The patient has previously utilized the requested Dynasplint device. Despite ongoing use, the patient continued to demonstrate significant stiffness over the left hand and ring finger as well as the thumb. Documentation of objective measureable improvement was not provided. There is no clear documentation of stiffness that is caused by immobilization, contractures, or healing soft tissue. The request for PIP flexion dynasplint is not medically necessary and appropriate.