

<b>Case Number:</b>	CM13-0032291		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	12/17/2006
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	09/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### 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 General 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 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 suffered a crush injury to the left wrist in 2006. She later underwent surgical release on tenosynovectomy. In 2009, her only residual deficit was a decrease in flexion of 10 degrees (50 versus normal of 60). Since then, she has had progressive stiffness, and was evaluated by a hand surgeon who demonstrated that there was decreased mobility. Specifically there was no evidence that the surgical incision had hypertrophied; in fact, it appears to have been oriented in such a way that external scar induced restriction is unlikely. However, there is some degree of internal scarring that could respond to progressive splinting, similar to club foot treatment. Fluoroscopy reveals no bony abnormalities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**durable medical equipment scar remodeling:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** There is some evidence that progressive splinting can improve range of motion, but it will require ongoing compliance by the patient. It is a relatively low cost alternative to surgery, and provides continuous remodeling as opposed to short term physical

therapy. The patient was evaluated by a specialist, who also supports this trial. Therefore, the request is certified.