

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0048108 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/20/2011 |
| Decision Date: | 03/06/2014 | UR Denial Date: | 10/29/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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 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 is a 48-year-old male who reported an injury on 01/20/2011. The mechanism of injury was stated to be repetitive use of his right wrist. The patient was noted to undergo a partial fusion in 04/2011. The patient was noted to have a carpal tunnel release in 06/2011. The patient was noted to have wrist pain. The patient was noted to have a right wrist capsulotomy on 06/26/2013. The patient's diagnoses were noted to include status post right dorsal capsulotomy, tenolysis right extensor carpi radialis longus and brevis, and excision neuroma dorsal cutaneous branch of radial nerve and implantation muscle. The plan was noted to include occupational therapy and Dynasplint increase to 4 degrees, then weekly increase by 1 degree to a final of 10 degrees. Preoperatively, the patient was noted to have 10 degrees of flexion and goal was noted to be reducing pain and increasing motion and the patient was noted to have a modest gain in motion, but not in pain reduction. The patient was noted to be 2 months postoperative. The patient was noted to have 8 weeks of use and the patient's range of motion was noted to be very minimal in all planes along with decreased sensation. The request was made for 3 months extension of wrist flexion Dynasplint system.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 3 month extension of wrist flexion Dynasplint system: 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 & Hand Chapter, Static Progressive Stretch.

Decision rationale: The Official Disability Guidelines (ODG) indicate the use of static progressive stretch therapy is supported for up to 8 weeks when used for 1 of the following conditions which include joint stiffness caused by immobilization, establish contractures when passive range of motion is restricted, and healing soft tissues that can benefit from constant low intensity tension. The clinical documentation submitted for review indicated that the patient was right wrist fusion and post carpal tunnel surgery in 2011. The patient was noted to have decreased range of motion, however, the patient was noted to have had 8 weeks use of the flexion Dynasplint and it was indicated the patient was increased to 4 degrees of flexion. There was a lack of documentation indicating the need for a 3 month extension of the use of the device without re-evaluation. Given the above and the lack of documentation of exceptional factors, the request for 3 month extension of wrist flexion Dynasplint system is not medically necessary.