

Case Number:	CM13-0060002		
Date Assigned:	12/30/2013	Date of Injury:	11/05/2008
Decision Date:	05/21/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 Orthopedic 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 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 58-year-old female who was injured in a work related accident on 11/05/08. The medical records provided for review revealed the most recent clinical assessment on 12/17/13 by [REDACTED] that documented ongoing complaints of shoulder and bilateral knee pain. It was documented that the claimant had been treated with Orthovisc injections for osteoarthritis of the knees. In regard to the shoulders, the claimant continued with complaints of impingement syndrome with tendinosis, generalized weakness, and motion deficit on examination. [REDACTED] requested on 11/08/13 for an extension for use of a Dyna Hand unit to be used between 11/09/13 and 01/08/14. This specific request was for the right third through fifth fingers at the PIP joints. The claimant was documented to have utilized the Dyna Hand unit for a period of time for an unclear diagnosis. Records unfortunately did not contain specific documentation of examination findings in regard to the hand, prior treatment, imaging, or course of care.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN ADDITIONAL TWO MONTHS OF HAND EXTENSION: 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 ODG, Forearm, Wrist and Hand Chapter, Static progressive stretch therapy.

Decision rationale: California MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guidelines, the use of a static progressive stretch therapy device is only indicated in situations where there are mechanical joint contractures, stiffness caused by immobilization, diminished range of motion, or healing soft tissue that is known to have benefited from low intensity tension. The medical records provided for review do not contain any documentation regarding the claimant's diagnosis, purpose of the device for the hand, or evaluation of the claimant's progress as a result of use of the device. It is stated that the request is for an extension of the device. Without documentation of significant benefit or better understanding of clinical diagnosis, the specific request would not be indicated.