

<b>Case Number:</b>	CM13-0060045		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	05/12/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and 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 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 54-year-old male who reported an injury on 02/25/2003. The mechanism of injury was not provided. The documentation of 10/30/2013 was a request per the provider for the DME which indicated the request was for an ankle dorsiflexion Dynasplint and the diagnosis was provided to be contracture of the ankle. The documentation of 10/29/2013 revealed the injured worker felt his strength and range of motion was improved but not 100%. The injured worker had been utilizing an ankle brace and was full weight bearing in the lace up ankle brace. It was indicated the injured worker had a Dynasplint ordered on the last visit and had been utilizing it but feels it was helping the dorsiflexion as it was still limited. The request was made for an adjustment of the Dynasplint and to wear it daily and continue with home therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THREE (3) MONTH RENTAL OF A DYNA ANKLE DORSI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ODG, Knee Chapter, 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) KNEE & LEG CHAPTER, STATIC PROGRESSIVE STRETCH THERAPY

**Decision rationale:** The Official Disability Guidelines recommend static progressive stretch therapy for contracture to provide incremental tension in order to increase range of motion. The criteria for the use of a static progressive stretch therapy includes joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, and healing soft tissue that can benefit from constant low intensity tension and it can be used as an adjunct to physical therapy within three (3) weeks of manipulation or surgery performed to improve range of motion. The clinical documentation submitted for review failed to indicate an objective examination to support the injured worker had a significantly decreased range of motion. It was indicated that the injured worker would be utilizing the Dynasplint with a home exercise program. There was lack of documentation indicating the necessity for a three (3) month rental of a dyna ankle dorsi without interim re-evaluation. Given the above, the request for three (3) month rental of a dyna ankle dorsi is not medically necessary.