

<b>Case Number:</b>	CM13-0061474		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/22/2013
<b>Decision Date:</b>	05/19/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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 Preventive Medicine 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:

According to the records made available for review, this is a 58-year-old male with a 7/22/13 date of injury, and left ring finger Kutler flap closure, 8/2/13. At the time (11/5/13) of request for authorization for two (2) months rental of a PIP (proximal interphalangeal joint) flexion and extension dynasplint, there is documentation of subjective findings of pain and sensitive left fingertip) and objective findings of slightly shortened left ring finger, mild tenderness at the tip of the digits, slight hook nail deformity, and limited PIP joint range of motion at -15/55 degrees. The current diagnosis is status post left ring finger Kutler flap closure. The treatment to date is physical therapy and medications. There is no documentation of joint stiffness caused by immobilization; established contractures when passive ROM is restricted; or healing soft tissue that can benefit from constant low-intensity tension (connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWO (2) MONTHS RENTAL OF A PIP(PROXIMAL INTERPHALANGEAL JOINT) FLEXION AND EXTENSION 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) Forearm, Wrist, and Hand, Dynasplint and Static progress 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) Forearm, Wrist, and Hand, Dynasplint and Static progress stretch (SPS) Therapy.

**Decision rationale:** The California MTUS does not address the issue. ODG identifies documentation of joint stiffness caused by immobilization; established contractures when passive ROM is restricted; or healing soft tissue that can benefit from constant low-intensity tension (including patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion), as criteria necessary to support the medical necessity of a mechanical device for joint stiffness or contracture for up to 8 weeks. Within the medical information available for review, there is documentation of a diagnosis of status post left ring finger Kutler flap closure. However, despite documentation of objective findings (limited PIP joint range of motion at -15/55 degrees), there is no documentation of joint stiffness caused by immobilization; established contractures when passive ROM is restricted; or healing soft tissue that can benefit from constant low-intensity tension (connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion). Therefore, based on guidelines and a review of the evidence, the request for two (2) months rental of a PIP (proximal interphalangeal joint) flexion and extension dynasplint is not medically necessary.