

Case Number:	CM13-0067172		
Date Assigned:	06/09/2014	Date of Injury:	05/01/2012
Decision Date:	08/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	12/17/2013

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 & 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 61-year-old female who reported an injury on 05/01/2012. The mechanism of injury was not provided in the medical records. Her diagnoses include pain in hand/finger. Previous treatments include physical therapy. The mechanism of injury was a severe laceration to her left hand when she attempted to catch a falling sword she knocked over while cleaning. Within the most recent clinical note dated 10/30/2013, the injured worker had complaints of her left hand being very stiff. She reported she had been going to therapy and working at home on her range of motion exercises. The physician reported she had made improvements with active range of motion with each physical therapy session. The physician reported total active motion measurements had increased approximately 55 degrees since initial evaluation with an increase in grip strength of 7 to 10 pounds. The current request is for 1 custom left hand dynamic IP flexion splint. The rationale for the request was not provided. The Request for Authorization was provided on 10/08/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 CUSTOM LEFT HAND DYNAMIC IP FLEXION SPLINT: 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 Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Static progressive stretch (SPS) therapy.

Decision rationale: The current request for 1 custom left hand dynamic IP flexion splint is non-certified. The Official Disability Guidelines state that Dynasplint (static progressive stretch therapy is recommended) as a mechanical device for joint stiffness or contractures. It may be considered appropriate for up to 8 weeks when used for 1 of the following conditions to include joint stiffness caused by immobilization, established contractures when passive range of motion is restricted; healing soft tissue that can benefit from constant low intensity tension. Appropriate candidates include patients with connective tissue changes as a result of traumatic and non-traumatic condition or immobilization, causing limited joint range of motion. The clinical documentation provided indicated the injured worker had a laceration to the hand that affected the tendons in her hands and fingers. The documentation provided also indicated the injured worker had been participating in physical therapy with improvements of range of motion and flexion. Due to the indication, the patient had continued to increase range of motion with physical therapy, the request would not be medically necessary. Also, the request as submitted did not indicate whether the equipment was being requested as a rental or purchase. As such, the request for 1 custom left hand dynamic IP flexion splint is non-certified.