MAXIMUS Federal Services

Case Number:	CM14-0012505		
Date Assigned:	02/21/2014	Date of Injury:	10/25/2012
Decision Date:	08/04/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/30/2014

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 Occupational 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 41-year-old female who has submitted a claim for status post right index finger reconstruction, right long finger well healed wound dorsal, right index finger extension contracture DIP-2 joint, right index finger hypoesthesia decreased UDN-2 and RDN-2, right index finger tendinitis A-I pulley region without triggering, right index finger intrinsic tightness, and status post right index finger PIP-2 and DIP-2 capsulotomy, extensor tenolysis, K-wire associated with an industrial injury date of October 25, 2012. Medical records from 2012-2014 were reviewed. The patient complained of right index finger pain, rated 2/10 in severity. The pain increased with overpressure. There was soreness, stiffness, swelling, numbness, hypersensitivity, and cramping sensation of the right index finger. Physical examination showed near complete excursion of the right index finger. There was good stable range of motion of the 2nd right proximal interphalangeal.joint. There was 45-degree active flexion of the 2nd right distal interphalangeal joint, and was complete with passive flexion. There was good extension of the right index finger. Imaging studies were not available. Treatment to date has included medications, occupational therapy, activity modification, reconstruction of right index finger, and right index finger capsulotomy, tenolysis and K-wire fixation. Utilization review, dated January 20, 2013, denied the request for Dynasplint. Reasons for denial were not made available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASPLINT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 Section, Static progressive stretch (SPS) therapy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines (ODG) Forearm, Wrist, & Hand Section was used instead. ODG recommends that a mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: joint stiffness caused by immobilization, established contractures when passive ROM is restricted, and healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include 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, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. In this case, Dynasplint was requested on December 19, 2013 to use for 2 to 3 months focusing on the DIP-2 joint. There was noted right index finger extension contracture on the DIP-2 joint. On physical examination, there was 45 degree active flexion of the 2nd right distal interphalangeal joint, and has complete range of motion with passive flexion. However, guidelines only recommend its use for up to 8 weeks. Furthermore, the present request failed to specify the duration of its use and the body part to be treated. Therefore, the request for DYNASPLINT is not medically necessary.