

Case Number:	CM14-0013405		
Date Assigned:	02/26/2014	Date of Injury:	06/08/2009
Decision Date:	06/26/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	02/03/2014

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 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:

According to the records made available for review, this is a 51-year-old male with a June 8, 2009 date of injury, and status post left elbow olecranon resection, capsulectomy, capsular release, medial and lateral excision of radial head, and radial head implant October 29, 2013. At the time of request for authorization for Dynasplint for 6 months, left elbow (January 6, 2014), there is documentation of subjective (left elbow constant sharp pain which is worse with movement, pain radiates up to the shoulder, pain rated 6/10) and objective (left elbow flexion 122, extension lacks 20, supination 90, and pronation 45 degrees) findings, current diagnosis (status post left elbow surgery), and treatment to date (physical therapy and activity modification). There is no clear documentation of established contractures when passive ROM is restricted.

IMR ISSUES, DECISIONS AND RATIONALES

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

DYNASLPINT FOR 6 MONTHS, LEFT ELBOW: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Section.

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 Chapter, Dynasplint and Static Progress Stretch (SPS) Therapy.

Decision rationale: The MTUS does not address the issue. ODG identifies documentation of joint stiffness caused by immobilization; established contractures when passive range of motion 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 eight weeks. Within the medical information available for review, there is documentation of diagnosis of status post left elbow surgery. However, despite documentation of limited range of motion, there is no clear documentation of established contractures when passive range of motion is restricted. In addition, given that the request is for Dynasplint for 6 months, the proposed timeframe exceeds guidelines (for up to eight weeks). The request for a Dynasplint for six months, left elbow, is not medically necessary or appropriate.