

Case Number:	CM14-0110308		
Date Assigned:	09/16/2014	Date of Injury:	09/12/2012
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/15/2014

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 Family 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:

This injured worker's date of injury is 09/12/2012. The patient receives treatment for chronic right wrist and shoulder symptoms, which arose as a result of injuries sustained when a truck struck the restroom the patient was in. The medical diagnoses include: on MRI, flexor tendonitis of the carpal tunnel in the right wrist with normal electrodiagnostic studies, right shoulder calcific tendonitis, and A/C joint arthritis. The patient received a cortisone injection in the right shoulder in December 2013. On 03/12/2014 the patient underwent right endoscopic carpal tunnel release and excision of a torn fibrocartilage. The notes indicate a number of pre-operative and post-operative no shows of the patient. The patient was referred to occupational therapy. When seen on 06/13/2014, the patient had pain and swelling of the right hand. There is no documentation of loss of range of motion (ROM).

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Extension Dynasplint rental x 6 months: 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) 12th edition (web), 2014, Forearm, Wrist and Hand, 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), Wrist chapter, Static progression stretch (SPS) therapy

Decision rationale: Static progression stretch (SPS) therapy may be medically indicated to treat a stiff and contracted joint in order to provide increased ROM. This form of intervention may be appropriate after total knee replacement, ACL reconstruction, or fractures. Based on the documentation, these circumstances do not apply to the injured worker. The Dynasplint is not medically indicated.