

Case Number:	CM14-0153986		
Date Assigned:	09/23/2014	Date of Injury:	01/04/2014
Decision Date:	10/24/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/22/2014

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 Orthopaedic Surgery 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 44-year-old female social worker sustained an industrial injury on 1/4/14. Injury occurred when a schizophrenic client tried to kill her with a baseball bat. She sustained blunt head trauma with fractures of the right hand and left elbow trying to protect her head during the attack. The patient underwent irrigation and debridement with repair of the left humerus medial epicondyle fracture and closed reduction of the right fifth metacarpal neck fracture on 1/4/14. Records indicated that patient had been using a static progressive stretch device since at least April 2014 with some mild improvement in range of motion. The 8/19/14 treating physician report indicated the patient had completed a recent second opinion with recommendation for continued Dyna-splinting, physical therapy, and range of motion exercises for the left elbow and right hand 5th digit. The patient would need more treatment for medial elbow pain including a golfer's elbow injection or surgery with potential removal of non-united fragments with reattachment of the flexor mass. She might also need manipulation of the left elbow and potential contracture release surgery in the future. Objective findings documented included tenderness to palpation over the left ulnar groove with an approximate 20-30 degree extension lag present to the left elbow. There was a decrease in active range of motion of the 5th digit of the right hand, greater at the metacarpophalangeal joint compared to the proximal interphalangeal joint. She was unable to make a fist. The treatment plan recommended 6 additional sessions of hand therapy and continued dynamic splinting. The 9/10/14 utilization review denied the request for the left elbow static progressive stretch device as there was no objective measurable benefit documented with prior use of this type of splint. The medical necessity for 6 months of use was not clearly demonstrated.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS elbow bi-directional SPS (static progressive stretch), six month rental beginning 8-16-14, 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 (ODG) Elbow

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Static progressive stretch (SPS) therapy

Decision rationale: The California MTUS guidelines do not provide recommendations for static progressive stretch (SPS) therapy. The Official Disability Guidelines recommend SPS for elbow joint stiffness and contracture for up to 8 weeks when specific indications have been met. Guidelines criteria include joint stiffness caused by immobilization, established contractures when passive range of motion is restricted, and healing soft tissue that can benefit from constant low-intensity tension. Guideline criteria have not been met. This patient presents with a 20 to 30-degree left elbow extension lag and continued medial elbow pain. Records indicate that this device has been in use for the prior 4 months with little evidence of objective measurable improvement in range of motion. Guidelines do not support use beyond 8 weeks. There is no compelling reason to support the medical necessity of this request for 6 months of additional use in the absence of documented functional benefit and evidence-based guideline support for this length of use. Therefore, this request is not medically necessary.