MAXIMUS Federal Services

Case Number:	CM14-0163135		
Date Assigned:	10/08/2014	Date of Injury:	02/08/2012
Decision Date:	10/30/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 27-year-old man injured on February 8, 2012. While changing a battery of a forklift the metal hand crank struck him at the elbow. The initial diagnosis was lateral epicondylitis, right, tennis elbow. He underwent surgery on April 20, 2013. He had a right epicondyllectomy, debridement of the origin of the extensor tendon. He had electromyography (EMG)/nerve conduction velocity (NCV) studies that were normal. MRI of the right elbow on December 2013 showed moderate extensor tendinosis and mild biceps tendinosis. Orthopedic consultation was obtained on October 7, 2013. The patient was unable to fully extend his right elbow constant pain. Pain radiated down the right-hand with swelling. The patient complained of numbness in the whole hand. Orthopedic physical examination showed no crepitus, a well-heeled surgical incision over the lateral epicondyle. There was no ulnar instability at elbow. There was tenderness over the lateral condyle. There was active flexion and extension of the elbow against resistance with pain and limitation. Right wrist/hand swelling is present. Motor strength was normal with no asymmetry.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Elbow Extension Dynasplint (9 Months Rental): 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: Dynamic Extensor Brace-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); Online Evidence Based Decision Support; Section Static Progressive Stretch (SPS) Therapy

Decision rationale: The Online - Official Disability Guidelines; Evidence-Based Decision Support; Static Progressive Stretch (SPS) Therapy/ (Dynasplint) sets out the indications for (SPS) Dynasplint use. Static progressive stretch therapy uses mechanical devices (Dynasplint) for joint stiffness to be worn across the stiff or contractured joint and provide incremental tension in order to increase range of motion. The criteria for use include mechanical devices (dynasplint) for joint stiffness or contracture and may be appropriate for up to eight weeks when used with the following conditions: 1) joint stiffness caused by immobilization; 2) established contractors when passive range of motion is restricted; and 3) healing soft tissue that can benefit from constant low intensity tension.The medical record demonstrates the patient had been "using a Dynasplint without significant improvement". A review of the medical record, however, demonstrated conservative treatments including physical therapy and anti-inflammatory use that had no overall benefit to the patient. The indications for STS set a time frame of up to 8 weeks. The patient had a course of dynasplint use without significant improvement. Based on clinical information in the medical record, in conjunction with the official online ODG guidelines, a second request for right elbow extension Dynasplint for 9 month rental is not medically necessary.