

Case Number:	CM14-0178402		
Date Assigned:	10/31/2014	Date of Injury:	10/29/2013
Decision Date:	12/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 & 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:

This is a 30-year-old male with a 10/29/13 date of injury, when the window glass cut the patient's left fifth finger. The patient underwent left fifth digit surgery on 3/10/14. The patient was seen on 4/23/14 with complaints of 10/10 pain in the left fifth finger. Exam findings of the left hand revealed swelling in the small finger, decreased grip strength and decreased range of motion of the left hand. The progress notes indicated that the patient was certified for 2 months rental of Dynasplint on 5/21/14. The diagnosis is open wound to the finger with tendon involvement. Treatment to date: work restrictions, OT, hot/cold packs, Dynasplint and medications. An adverse determination was received on 10/01/14 for a lack of documented response from prior use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued rental of the PIP extension Dynasplint: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation, Forearm, Wrist, & Hand Procedure Summary

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 Chapter, Static progressive stretch (SPS) therapy

Decision rationale: CA MTUS does not address this issue. ODG states that Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. 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; Healing soft tissue that can benefit from constant low-intensity tension. However the progress notes indicated that the patient was approved for 2 months rental of Dynasplint in May 2014, there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the most recent progress report was not available for the review and there is no rationale with regards to the necessity for an additional rental of Dynaspint for the patient. Lastly, the requested time for the renal was not specified. Therefore, the request Continued rental of the PIP extension Dynasplint Is not medically necessary.