

Case Number:	CM14-0022171		
Date Assigned:	05/09/2014	Date of Injury:	02/19/2013
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/21/2014

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 Practice and is licensed to practice in Tennessee, Florida and 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:

The injured worker is a 51 year old female whose date of injury is 06/19/2013. Note dated 09/03/13 indicates that the injured worker is status post tenovagotomy of the left middle finger and is doing well. She is also noted to be status post ORIF of the left distal radius and doing well. On physical examination left wrist range of motion is flexion 55 and extension 60 degrees. Range of motion of the left middle finger is full. Note dated 10/22/13 indicates that there is full range of motion in all digits of the left hand and wrist without snapping or locking. Follow up note dated 02/04/14 indicates that grip strength is 20 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE ADDITIONAL FOUR (4) MONTH RENTAL OF THE DYNA SUP PRO FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Static progressive stretch (SPS) therapy.

Decision rationale: Based on the clinical information provided, the retrospective request for additional four month rental of the dyna sup pro for the left wrist is not recommended as medically necessary. There is no mention of the use of this device in the submitted medical records. The submitted records indicate that as of 10/22/13 left wrist range of motion was full. There is no documentation of joint stiffness or contracture to support static progressive stretch therapy in accordance with the Official Disability Guidelines (ODG).

RETROSPECTIVE REQUEST FOR THE DYNA WRIST EXTENSION FOR 3 MONTHS FOR THE LEFT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Static progressive stretch (SPS) therapy.

Decision rationale: Based on the clinical information provided, the retrospective request for the dyna wrist extnsion for 3 months for the left wrist is not recommended as medically necessary. There is no mention of the use of this device in the submitted medical records. The submitted records indicate that as of 10/22/13 left wrist range of motion was full. There is no documentation of joint stiffness or contracture to support static progressive stretch therapy in accordance with the Official Disability Guidelines (ODG).