

Case Number:	CM14-0025042		
Date Assigned:	06/11/2014	Date of Injury:	09/17/2012
Decision Date:	08/11/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/27/2014

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:

The injured worker is a 38-year-old male who reported an injury on 09/17/2012 due to a fall from a ladder. The injured worker had a preoperative diagnosis of right distal radius fracture with concomitant ulnar styloid fracture and also fractures of the right foot. The physical examination, dated 02/10/2014, revealed the injured worker was still having pain with motion of the wrist but no pain when he is not using it. Exam of the right wrist revealed supination was about 60 degrees, pronation 80 degrees, flexion and extension was essentially unchanged. The injured worker was taking Naprosyn 500 one tablet twice a day as needed for pain. The diagnosis was status post removal of hardware right wrist, status post open reduction and internal fixation with underlying radiocarpal arthritis, right shoulder strain and back pain, and headaches. The injured worker at the time of this exam was undergoing physical therapy. The treatment plan for the injured worker was to be referred to a neurologist for headaches. The treatment plan for the right wrist was to finish physical therapy and progress to a home exercise program. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPINATION/PRONATION DYNASPLINT FOR AN ADDITIONAL 3 MONTH RENTAL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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 , Static Progressive Stretch Therapy.

Decision rationale: Medical necessity for the supination/pronation Dynasplint was not established. The Official Disability Guidelines states a mechanical device for joint stiffness or contracture may be considered appropriate for up to 8 weeks when used for one of the following conditions to include joint stiffness caused by immobilization and contractures when passive range of motion is restricted. There was no reported evidence of objective functional improvement from using the static progressive therapy system. The injured worker has had use of the static progressive stretch therapy for 1 month. The additional 3 months rental exceeds guideline recommendations. Therefore, the request is not medically necessary.