

Case Number:	CM14-0078997		
Date Assigned:	07/18/2014	Date of Injury:	03/02/2013
Decision Date:	08/25/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	05/29/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in New York and Texas. 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 42 year old male whose date of injury is 3/2/13. On this date, the injured worker's left index fingertip was smashed and he sustained a distal phalanx fracture. The fracture failed to improve with conservative treatment and he underwent open reduction-internal fixation on 10/16/13. Per the note dated 11/26/13, the injured worker was participating in therapy and was recommended for Dynasplint rental. There was noted to be noncompliance with postoperative therapy which caused significant stiffness of the joint. The injured worker was authorized for rental of Dynasplint. The injured worker was subsequently authorized to undergo capsulotomy which was performed on 2/12/14. A note dated 3/4/14 indicates that the injured worker was again authorized for Dynasplint rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 month rental of PIP flexion Dynasplint for the left index finger: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist & Hand (Acute & Chronic).

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: The injured worker underwent surgical intervention to the left index finger in February and was authorized for Dynasplint rental postoperatively. The Official Disability Guidelines note that the device may be considered appropriate for up to eight weeks, and there is no clear rationale provided to support exceeding this recommendation. There are no exceptional factors of delayed recovery documented. As such, the request is not medically necessary.