

<b>Case Number:</b>	CM14-0186567		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	02/12/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 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:

Injured worker is a 57 year old male with date of injury 2/12/13. This request is for a left hand dynamic extension splint for PIP. The diagnosis was trigger finger and tenosynovitis. MD office visit dated 2/2/13/ revealed the claimant to have bilateral hand pain with left greater than right. The claimant complained of locking and catching of his fingers with related to pushing, pulling or lifting at work. Previous surgical intervention was certified for left long trigger finger with compensatory proximal inter-phalangeal joint flexion contracture. The medication ordered postoperatively was Hydrocodone 5/325 mg prn. Previous review decision dated 10/8/14 was non-certified. The claimant is status post-surgery. There is no specific documentation in the record stating decreased ROM, joint stiffness. The ODG guideline does not support this request. ACOEM guidelines and CA MTUS do not address.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Left Hand Dynamic Extension Splint for PIP:** 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), Forearm, Wrist and Hand

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG online, Static progressive stretch SPS therapy

**Decision rationale:** Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracture joint and provide incremented tension in order to increase range of motion. The ODG guideline does not support this request. ACOEM guidelines and CA MTUS do not address. The request is not reasonable as there is no specific documentation in the record stating decreased range of motion and/or joint stiffness. The requested Left Hand Dynamic Extension Splint for PIP is not medically necessary.