MAXIMUS Federal Services

| Case Number: | CM14-0193758 | | |
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| Date Assigned: | 12/01/2014 | Date of Injury: | 08/10/2013 |
| Decision Date: | 01/28/2015 | UR Denial Date: | 10/30/2014 |
| Priority: | Standard | Application Received: | 11/19/2014 |

## 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:

This is a 31 years old male patient who sustained an injury on 8/10/2013.He sustained the injury due to tire explosion while he was inflating it. The current diagnosis includes status post tenolysis and capsulotomy of right ring, index and long fingers with removal of one plate and ten screws. Per the progress note dated 8/6/14, he has been using CPM machine and attending therapy. The physical examination revealed right dorsal hand- nicely healing wound, no tenderness throughout, decreased range of motion of fingers of right hand. The medications list was not specified in the records provided. He has had left forearm X-ray on 8/10/13 which revealed comminuted, mildly displaced and angulated mid radius and ulnar fractures. He had undergone ORIF of a metacarpal fracture in 9/2013, tenolysis of the index and long fingers and right index and long finger capsulotomy and removal of plates and screws on 3/7/2014; 3rd and 4th metacarpal plate removal, and tenolysis of EIP, EDC, EDQ and capsulotomy of index, long and ring and little finger with CPM placement on 7/11/2014.He has had physical therapy visits and wrist injections for this injury.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Continuous Passive Motion Rental X5 weeks:** Overturned

**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); Chapter: Forearm, Wrist, & Hand (updated 11/13/14) Continuous passive motion (CPM)

**Decision rationale:** Per the cited guidelines CPM is "Recommended. Controlled mobilization regimens are widely employed in rehabilitation after flexor tendon repair in the hand. One trial compared continuous passive motion (CPM) with controlled intermittent passive motion (CIPM) and found a significant difference in mean active motion favoring CPM." Per the records provided this patient has had a right hand injury with history of multiple surgeries. Physical examination revealed significant decreased range of motion of all fingers. Per the records provided the patient was approved for surgery and post op physical therapy for the right hand to correct stiffness. The cited guidelines recommended CPM for post op use to increase range of motion and to reduce stiffness. The request for Continuous Passive Motion Rental X5 weeks is medically necessary and appropriate for this patient to use post operatively.