

<b>Case Number:</b>	CM14-0208439		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 52-year-old male with date of injury of 04/07/2005. According to progress report dated 04/07/2014, the patient presents with swelling, occasional pain and stiffness in the left hand, wrist, and thumb. Examination revealed improved extension of the left thumb but very limited or very little hyperextension. There is noted improvement in active and passive flexion of the IPIP one joint left thumb. No pain was noted with rotation or subluxation at the base of the left thumb. Surgical scars are all stable. The listed diagnoses are: 1.Right basal joint degenerative traumatic arthritis. 2.Right de Quervain's disease. 3.Right little finger mild and early constructive tenosynovitis with possible small ganglion cyst. 4. Right carpal tunnel neuritis median nerve. 5.Left basal joint degenerative traumatic arthritis.6.Left de Quervain's disease. 7.Left carpal tunnel neuritis, median nerve. 8. Status post right basal joint arthroplasty, released first comp extensor tenosynovitis, 08/19/2009.9.Status post right MCP wrist capsulotomy and manipulation, 03/29/2010. 10. Status post left basal joint interpositional arthroplasty and release first dorsal compartment on 12/18/2013. Treatment plan is for occupational therapy and a splint. It was noted if all goes well, a final evaluation for permanent and stationary status will be made in about 2 months. The patient was instructed to follow up in 4 weeks for a followup evaluation. The utilization review denied the request on 11/26/2014. On 06/09/2014, a Dynasplint was dispensed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective PIP Extension Dynasplint (DOS: 6/18/14-9/9/14): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of static progressive stretch (SPS) therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Forearm, Wrist, & Hand chapter, Early mobilization (after tendon repair). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand chapter, splints.

**Decision rationale:** This patient is status post left basal joint interpositional arthroplasty with extension TM and release of the first dorsal compartment on 12/18/2013. This is a request for retrospective PIP extension Dynasplint (DOS: 06/18/2014 - 09/09/2014). The ODG Guidelines under the hand chapter has the following regarding splints, "recommended for treating displaced fractures, immobilization and standard fracture healing, although patient's satisfaction is higher with splinting rather than casting." ODG has the following regarding tendon repair, "recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and anatomical zone of tender injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5; whereas, injuries in zone 3 and 6 may demand for a different treatment regimen." The utilization review states that "3 months of using Dynasplinting was authorized in March." There is no further discussion of ongoing use of Dynasplinting. In this case, given the patient's recent surgery, a PIP extension Dynasplint is within ODG Guidelines. The requested Dynasplint IS medically necessary.

**Retrospective PIP Flexion Dynasplint (DOS: 6/18/14-9/9/14): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Criteria for the use of static progressive stretch (SPS) therapy

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) wrist/hand chapter, splints; Tendon repairs

**Decision rationale:** This patient is status post left basal joint interpositional arthroplasty with extension TM and release of the first dorsal compartment on 12/18/2013. This is a request for retrospective PIP Flexion Dynasplint (DOS: 06/18/2014; 09/09/2014). The ODG Guidelines under the hand chapter has the following regarding splints, recommended for treating displaced fractures, immobilization and standard fracture healing, although patient's satisfaction is higher with splinting rather than casting. ODG has the following regarding tendon repair; recovery of finger function after primary extensor tendon repair depends on the complexity of trauma and anatomical zone of tender injury. Static splinting is an appropriate tool after primary extensor tendon repair in Verdan's zone 1, 2, 4 and 5; whereas, injuries in zone 3 and 6 may demand for a different treatment regimen. The utilization review states that 3 months of using Dynasplinting

was authorized in March. There is no further discussion of ongoing use of Dynasplinting. In this case, given the patient's recent surgery, a PIP Flexion Dynasplint is within ODG Guidelines. The requested Dynasplint IS medically necessary.