

<b>Case Number:</b>	CM14-0049285		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	01/20/2014
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	03/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2014

### 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 35 year old female with a work related injury on 1/20/2014 sustained by a slip and fall onto the left upper extremity. On 1/23/2014, she underwent an open reduction internal fixation (ORIF) of a fracture of the left distal radius. Per the Initial Treating Physician's Orthopedic Evaluation dated 2/11/2014, the injured worker reported pain in the cervical spine, left shoulder, over the left elbow and left forearm, the inability to move the fingers, stress, anxiety and sleep problems. Her past medical history is significant for a prior fracture of the left wrist sustained while playing soccer two years ago. Physical examination of the left wrist revealed a healed surgical scar. She is unable to flex the fingers and left thumb dorsally but is able to flex the wrist which is weak. Radiographic imaging was read by the evaluating provider as a fracture of the mid shaft proximal third of the radius with a dorsal plate in place. Diagnoses included fracture, left radius status post open reduction internal fixation (ORIF), radial nerve palsy, posttraumatic stress syndrome and sleep disorder. Disability status was continued. The plan of care included physical therapy and observation. On 3/18/2014, Utilization Review non-certified a prescription for wrist extension Dynasplint, wrist flexion dynasplint rental for 3 months - for left wrist/hand based on lack of medical necessity. The CA MTUS ACOEM Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Wrist extension Dynasplint, wrist flexion Dynasplint rental for 3 months - for left wrist/hand:** 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:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 594-595, Chronic Pain Treatment Guidelines Page(s): 3,19, Postsurgical Treatment Guidelines Page(s): 20. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Splints.

**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 request is not reasonable as there is no indication if joint stiffness caused by immobilization. Also Dynasplint is recommended for up to 8 weeks use and this is chronic injury. Therefore, this request is not medically necessary.