

Case Number:	CM15-0182009		
Date Assigned:	09/23/2015	Date of Injury:	08/23/2012
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/16/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 62 year old male injured worker suffered an industrial injury on 8-23-2012. The diagnoses included right wrist sprain. On 8-12-2015, the treating provider reported right wrist and hand pain that was constant, associated with swelling and decreased grip and unable to fully extend the second through fifth PIP along with numbness and tingling in the thumb, index and long fingers. On exam, the provider noted the right hand demonstrated PIP extensor lags of 5 degrees. Prior treatments included right wrist surgery 1-29-2013 and 9-17-2014. The Utilization Review on 8-18-2015 determined non-certification for 2 PIP extension dyna splints 2 per month for 3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 PIP extension dyna splints 2 per month for 3 months: Upheld

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) Wrist/Hand, Static Progressive Splint.

Decision rationale: CA MTUS is silent on the use of Dyna splints. ODG addresses their use in the section on static progressive stretch therapy. Static progressive stretch (SPS) therapy uses mechanical devices for joint stiffness and contracture to be worn across a stiff or contracted joint and provide incremented tension in order to increase range of motion. A mechanical device for joint stiffness or contracture may be considered appropriate for up to eight weeks when used for one of the following conditions: 1. Joint stiffness caused by immobilization. 2. Established contractures when passive ROM is restricted. 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (e.g., tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion, including total knee replacement, ACL reconstruction, fractures, & adhesive capsulitis. In this case, there is documentation of contracture but the request is for use of Dyna Splint for 3 months, which exceeds the recommendation of use for up to 8 weeks. 2 PIP Dyna Splints 2 per month for three months are not medically necessary.