MAXIMUS Federal Services

Case Number:	CM15-0184515		
Date Assigned:	09/25/2015	Date of Injury:	03/27/2015
Decision Date:	11/02/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/18/2015

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: California, South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 injured worker is a 62-year-old female who sustained an industrial injury on 03/27/2015. Medical records indicated the worker was treated for a closed comminuted fracture of the left radial head, and sprain left shoulder and neck. In the provider notes of 04-23-2015, the worker complains of pain in the left elbow with swelling and stiffness. She states pain radiates down the left forearm to the thumb and is worse with any attempted movement of the elbow with the left wrist. X-rays taken 04-23-3015 were reported to reveal an intraarticular fracture of the radial head with some mild step-off and displacement. Pros and cons of surgery versus conservative treatment were discussed with the worker and a decision was consented to proceed with the conservative approach. Mild range of motion of the left elbow while maintaining protection was initiated. She was given an arm sling. The plan was to see the worker in 4 weeks (05-07-2015) and begin more aggressive range of motion exercises and physical therapy. On 05-07-2015, the worker had less swelling and stiffness in the left wrist and left elbow swelling had subsided. She continued to complain of pain radiating down the left forearm. She was instructed in range of motion exercises to the elbow to obtain as much mobility in the left elbow as possible without pain. She was referred to physical therapy on 05-21-2015. In the notes of 07-2-2015, the worker stated she felt slightly improved, but still had pain in the left shoulder, left elbow, and stiffness in the left elbow. She had been undergoing physical therapy to the left elbow. Physical exam revealed some restriction of the left elbow and pain with left shoulder movement. X-rays showed healing. Physical therapy was continued for additional 12 visits to improve mobility of the left elbow, and dynamic splinting of the left elbow with "such as a Dynasplint to enhance

and improve extension and flexion of the elbow" was recommended. On 09-01-2015 after the 19th physical therapy visit, the worker's overall progress was documented as "not progressing" with active range of motion flexion having moved from 110 degrees to 120 degrees, extension originally -40 and current -45, Grip strength was 50% achieved with a current value 14 psi. She was able to perform the activity of daily living of driving, but was felt unable to return to her work at that time. It was noted in the physical therapy chart that she was instructed in a home exercise program, and would benefit from a home-automated range of motion splint. A request for authorization was submitted for left elbow extension Dynasplint (rental x 3 months), and left elbow flexion Dynasplint (rental x 3 months). A Utilization Review decision 09-02-2015 modified approval for Dynasplint (rental x1 month); left elbow flexion Dynasplint (rental x 1 month).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left elbow extension Dynasplint (rental x 3 months): 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), Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), static progressive stretch (SPS) therapy.

Decision rationale: The CA MTUS is relatively silent concerning static progressive stretch (SPS) therapy, but the cited ODG recommends SPS therapy for the elbow. Per ODG, use of a mechanical device (e.g. Dynasplint) for joint stiffness or contracture may be considered for up to eight weeks when used for one of the following: joint stiffness caused by immobilization; established contractures when passive ROM is restricted; or healing soft tissue that can benefit from constant low-intensity tension. According to the most recent treating provider notes (09-01- 2015), the injured worker has undergone extensive conservative measures with physical medicine (19 visits) and has been instructed on her home exercise program (HEP). Despite her conservative measures, she has had residual restriction and has reached maximum medical improvement with therapy, and was advised to start SPS therapy and continue HEP. The current request for a Dynasplint use x 3 months exceeds guidelines, but Utilization Review modified the original request to SPS use for 4 weeks, which is reasonable. Therefore, the request for left elbow extension Dynasplint (rental x 3 months) is not medically necessary and appropriate.

Left elbow flexion Dynasplint (rental x 3 months): 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), Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic), static progressive stretch (SPS) therapy.

Decision rationale: The CA MTUS is relatively silent concerning static progressive stretch (SPS) therapy, but the cited ODG recommends SPS therapy for the elbow. Per ODG, use of a mechanical device (e.g. Dynasplint) for joint stiffness or contracture may be considered for up to eight weeks when used for one of the following: joint stiffness caused by immobilization; established contractures when passive ROM is restricted; or healing soft tissue that can benefit from constant low-intensity tension. According to the most recent treating provider notes (09-01- 2015), the injured worker has undergone extensive conservative measures with physical medicine (19 visits) and has been instructed on her home exercise program (HEP). Despite her conservative measures, she has had residual restriction and has reached maximum medical improvement with therapy, and was advised to start SPS therapy and continue HEP. The current request for a Dynasplint use x 3 months exceeds guidelines, but Utilization Review modified the original request to SPS use for 4 weeks, which is reasonable. Therefore, the request for left elbow flexion Dynasplint (rental x 3 months) is not medically necessary and appropriate.