

Case Number:	CM15-0212934		
Date Assigned:	11/02/2015	Date of Injury:	08/15/2015
Decision Date:	12/14/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/29/2015

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

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 injured worker is a 25-year-old male with an industrial injury dated 08-15-2015. A review of the medical records indicates that the injured worker is undergoing treatment for significant displaced intar-articular split radial head versus possible coronoid fracture of ulnar right elbow and status post open reduction internal fixation (ORIF) of right elbow (09-03-2015). According to the progress note dated 09-17-2015, the injured worker reported ongoing pain with numbness and tingling of the proximal lateral right forearm. The injured worker is taking Norco every four hours. Objective findings (09-17-2015) revealed right elbow range of motion with flexion of 85 degrees, extension of -40 degrees, pronation of 10 degrees, and supination of 20 degrees. The injured worker was able to make a full fist. Treatment has included diagnostic studies, right elbow surgery, prescribed medications, splint, physical therapy initiated on 10-01-2015 and periodic follow up visits. Treatment plan included the removal of right elbow staples with application of steri strips, physical therapy, continue use of splint, medication management and follow up appointment. The utilization review dated 10-13-2015, non-certified the request for Dynasplint; quantity: 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynasplint QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow (Acute & Chronic): Splinting (padding).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Static progressive stretch (SPS) therapy, page 128.

Decision rationale: Review indicates the patient had right elbow fracture s/p ORIF on 9/3/15. He did not show for the PT appointment of 9/29/15 and has been reschedule to begin current therapy. X-rays show well seated hardware with adequate fracture reduction. Guidelines recommend Static progressive stretch (SPS) therapy with use of mechanical devices for joint stiffness and contracture. The device is to be worn across a stiff, contracted joint and provide incremented tension in order to increase range of motion. Criteria for the use of static progressive stretch (SPS) therapy may be considered for up to 2 months for conditions to include joint stiffness caused by immobilization, contractures when passive ROM is restricted, and for healing soft tissue that can benefit from constant low-intensity tension. Use of SPS 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. Although the patient had sustained an elbow fracture, he received surgical intervention now just beginning his postop physical therapy and rehabilitation period without evidence for long-term immobilization and established contractures. Submitted reports have not clearly demonstrated any postop complications, failed therapy as he is just beginning his rehab trial course nor is there ADL limitations to support for unspecified duration of Dynasplint beyond guidelines criteria. The Dynasplint QTY 1 is not medically necessary and appropriate.