

Case Number:	CM15-0217495		
Date Assigned:	11/09/2015	Date of Injury:	07/28/2015
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/04/2015

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: Emergency Medicine

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 59 year old female, who sustained an industrial injury on 7-28-15. Medical records indicate that the injured worker is undergoing treatment for a left fifth metacarpal fracture. The injured worker was noted to be able to work with modified duties. However, her current work status was not identified. On (9-15-15) the injured worker was noted to be post-operative left metacarpal surgery (7-29-15). The injured worker reported a very stiff left hand. Objective findings revealed the injured workers fingers on the left hand to be significantly swollen and stiff. The pin sites were clean and dry. The treating physician recommended to continue physical therapy and to request a Stat-A-Dyne splint. Treatment and evaluation to date has included medications, physical therapy and a left metacarpal-V closed reduction-percutaneous pinning. Current medications were not provided. The Request for Authorization dated 10-1-15 is for a WHFO Stat-A-Dyne Home Stretching Device, 3 times 30 per day, rental for 3 months for the left hand. The Utilization Review documentation dated 10-12-15 non-certified the request for a WHFO Stat-A-Dyne Home Stretching Device, 3 times 30 per day, rental for 3 months for the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

WHFO Statadyne Home Stretching Device, 3x30 per day, rental for 3 months for the left hand: 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): Forearm, Wrist & Hand Chapter Static progressive stretch (SPS) therapy and ACOEM Chapter 4 Work-Relatedness page 65.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.jimmedical.com/products/whfo>.

Decision rationale: The requested WHFO Statadyne Home Stretching Device, 3x30 per day, rental for 3 months for the left hand, is medically necessary. CA MTUS and ODG are silent on this specific DME. <http://www.jimmedical.com/products/whfo> recommends this device for dynamic stretching for various hand and wrist clinical issues. The injured worker was noted to be post-operative left metacarpal surgery (7-29-15). The injured worker reported a very stiff left hand. Objective findings revealed the injured workers fingers on the left hand to be significantly swollen and stiff. The pin sites were clean and dry. The treating physician recommended to continue physical therapy and to request a Stat-A-Dyne splint. Treatment and evaluation to date has included medications, physical therapy and a left metacarpal-V closed reduction-percutaneous pinning. The treating physician has documented the medical necessity for this DME to assist in post-op stretching and improved mobilization of joints. The criteria noted above having been met, WHFO Statadyne Home Stretching Device, 3x30 per day, rental for 3 months for the left hand is medically necessary.