

<b>Case Number:</b>	CM15-0038867		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/14/2013
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/02/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 34-year-old male, who sustained an industrial injury on 10/14/2013. He reported a right hand crush injury after getting his right hand and arm caught in a machine with a near amputation and severe crush injury and near amputation. The injured worker was diagnosed as having a crushing injury of the hand. Treatment to date has included right forearm flap elevation with flexor tenolysis x8 and ulnar nerve graft donor, right ring finger digital nerve repair, multiple open reduction-internal fixation to right hand digits and multiple debridements, physical therapy and medication management. Currently, the injured worker reports improved sensation to the second, third and fourth finger. The treatment plan included use of JAS wrist direct static progressive stretch device.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective usage of JAS Wrist BI-Direct static prog stretch device (DOS 1-8-15 to 2-7-15): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines (SPS).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, static progressive stretch (SPS) therapy and Other Medical Treatment Guidelines [http://www.aetna.com/cpb/medical/data/400\\_499/0405.html](http://www.aetna.com/cpb/medical/data/400_499/0405.html).

**Decision rationale:** ODG states "Recommended as indicated below. 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. (BlueCross BlueShield, 2003)". ODG Criteria for the use of static progressive stretch (SPS) therapy: 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. The patient had surgery on 10/21/14 on the right forearm that included an ulnar nerve graft with a donor tendon. Guidelines recommend usage of SPS for three to eight weeks post operative. A search of pub med for SPS therapy and wrist surgery returned no studies to justify greater than 8 weeks of static progressive stretch therapy. The treating physician has not provided medical documentation to meet or exceed guideline recommendations at this time. As such, the request for Retrospective usage of JAS Wrist BI-Direct static prog stretch device (DOS 1-8-15 to 2-7-15) is not medically necessary at this time.