

Case Number:	CM14-0147655		
Date Assigned:	09/15/2014	Date of Injury:	04/18/2011
Decision Date:	10/15/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in American Board of Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 30 year old male with reported date of industrial injury 4/18/2011. The patient underwent open reduction and internal fixation of the left radial head. He had thinning of the radius and multiple tendon transfers, one of which was related to radial nerve injury. On 4/25/2014, a QME noted that the patient had recently had a contracture release as part of an arthroscopic repair procedure. Operative report from 4/11/2014 was reviewed and showed that there were no loose bodies in the elbow joint but significant scarring, some of which was removed by excision, on the radial side. In the ulno-humeral compartment / joint, there was significant scar tissue, no loose body and no impingement of a protruding screw on the supination process, which was improved to 70 degrees with chondroplasty of the ulnar head. In the QME report were documented several scars noted along the left upper extremity including a linear scar that spanned the forearm. The patient's supination was limited as was pronation, on examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

JAS Pronation/Supination Device BI direct, #4 months rental: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines:Forearm Wrist and Hand, Static progressive stretch (SPS) therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) STATIC PROGRESSIVE STRETCH, ELBOW (ACUTE AND CHRONIC)

Decision rationale: Although the patient displays limited range of motion and indeed had scar tissue on operative examination as well as scar tissue evident on clinical examination, the request for static passive stretch is for four months, which exceeds the guideline recommended 8 week trial. This may be an appropriate modality to try but certainly a four month trial is unusual and not considered necessary. Therefore, the request is not medically necessary.