

<b>Case Number:</b>	CM14-0098157		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	03/05/2009
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 60 year old female who was injured on 3/5/2009. She was diagnosed with right carpal tunnel syndrome, right knee pain, right chondromalacia patella, lunotriquetral ligament tear. She was treated with wrist arthroscopy/carpal tunnel release/ peripheral triangular fibrocartilage repair surgery, all on 10/2/2013. After this surgery, she attended occupational therapy and used a Dynasplint (rental) on her wrist for 3 months (approved until 2/22/2014). She was also treated with oral and topical analgesics. She continued to improve and report that she was doing well with therapy and the splint. On 2/11/14, the worker was seen by her orthopedic surgeon (5 months post-surgery) reporting doing well without numbness or tingling or pain. However, on physical examination, her right wrist showed a "valley between the thenar and hypothenar eminence without any edema", and noted was a 10 degree loss of her range of motion in the right wrist. She was recommended to continue her Dynasplint and occupational therapy for another month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dynasplint wrist extension and flexion rental x 1 month:** Upheld

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

**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 section, Static progressive stretch (SPS) therapy.

**Decision rationale:** The MTUS Guidelines do not discuss static progressive stretch (SPS) therapy for wrist complaints. However, the ODG states that it is recommended in certain situations to increase range of motion for up to eight weeks. The criteria for use includes: 1. Joint stiffness caused by immobilization, 2. Established contractures when passive range of motion is restricted, 3. Healing soft tissue that can benefit from constant low-intensity tension. Appropriate candidates include patients with connective tissue changes (tendons, ligaments) as a result of traumatic and non-traumatic conditions or immobilization, causing limited joint range of motion. In the case of this worker, she had been rightly approved for the use of the Dynasplint device following her right wrist surgery, and seemed to benefit from it. However, she used the Dynasplint on her right wrist for 3 months, which was already beyond the recommended duration of use. Therefore, a one month continuation beyond 3 months is also not recommended or medically necessary.