

Case Number:	CM15-0175368		
Date Assigned:	09/16/2015	Date of Injury:	06/05/2011
Decision Date:	10/23/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/04/2015

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: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 61 year old female, who sustained an industrial injury on 6-5-11 when she fell resulting in a head injury and a complex left wrist fracture. The injured worker has complaints of left wrist pain over the ulnar aspect of the wrist. Physical examination on 7-22-15 revealed flexion-extension is 30 out of 60 and there is discomfort over the ulnar aspect of the wrist. X-rays showed delayed union of the left ulnar styloid. The documentation on 8-14-15 noted the left wrist is able to activate all fingers and the thumb in both flexion with extension extension of the wrist is to 15 degrees and flexion to 10 degrees. There is dorsal and volar pain on palpation over the wrist area. The diagnoses have included left wrist fracture 6-5-11 with ulnar styloid nonunion, status-post three surgical procedures. Treatment to date has included norco, tramadol, and nabumetone for pain and inflammation, left wrist brace, and physical therapy. The most recent surgical procedure was a left ulnar styloid fixation on 2-23-15. The documentation on 8-14-15 noted that physical therapy was started within the past few weeks. The original utilization review (8-28-15) non-certified the request for dynamic wrist flexion dynasplint left wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dynamic wrist flexion Dynasplint left wrist: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, Static Progressive Stretch (STS) therapy.

Decision rationale: The MTUS, in the ACOEM Guidelines, notes that careful advice regarding maximizing activities within the limits of symptoms is imperative once red flags have been ruled out. Any splinting or limitations placed on hand, wrist, and forearm activity should not interfere with total body activity in a major way. Strict elevation can be done for a short period of time at regular intervals. Activities that increase stress on the hand or wrist may contribute to structural damage and tend to aggravate symptoms. The ODG guidelines note that the Dynasplint is a static progressive stretch (STS) device. They are 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) 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. In this case she does have joint stiffness and decreased range of motion following casting and splinting after the last surgical procedure. There is healing soft tissue that can benefit from constant low-intensity tension. The request for dynamic wrist flexion Dynasplint left wrist is consistent with the guidelines noted above and is medically necessary and appropriate.