

Case Number:	CM15-0022341		
Date Assigned:	02/17/2015	Date of Injury:	06/03/2013
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 21 year old male with an industrial injury date of 06/03/2013. He presented on 10/24/2014 complaining of right arm and elbow pain with radiation to the right hand. He was able to actively flex the right elbow joint. Sensation was improving to the ring finger and small finger on the right hand. X-ray of the right arm demonstrated the humerus shift fracture healing well. Nerve study showed right median, ulnar and radial nononeuropathies and little to no function of the motor median nerve. Diagnoses included open wound elbow/arm, fracture lower humerus, injury to median nerve and injury to radial nerve. On 01/09/2015 utilization review non-certified the following requests: Static pro wrist device E 1806 times 5 months. ODG was cited. Splint, elbow-Mackie static pro E 1801 times 5 months. ODG was cited. Static pro, pro-sup device E 1818 times 6 months. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Static Pro wrist device x5 months: Upheld

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

(ODG)<http://www.deroyal.com/medicalproducts/orthopedics/products.aspx?i=pc-rehab-staticprowrist>.

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 Chapter, Static progressive stretch (SPS) therapy.

Decision rationale: This request appears to be a brace for static progressive stretching. The Official Disability Guidelines (ODG), Forearm, Wrist, Hand Chapter state the following regarding Static progressive stretch (SPS) therapy: "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 the case of this injured worker, there is documentation that a previous 3 month of this static progressive stretch device was used. Since the request for additional therapy is in excess of the ODG, this request is not medically necessary.

Splint elbow- mackie static Pro x5 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Blue Cross Blue Shield; Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Static progressive stretch (SPS) therapy.

Decision rationale: This request appears to be a brace for static progressive stretching. The Official Disability Guidelines (ODG) Elbow Chapter has the following on Static progressive stretch (SPS) therapy: 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. (Bonutti, 1994) (Stasinopoulos, 2005) (Doornberg, 2006) (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. In the case of this injured worker, there is documentation that a previous 3

month of this static progressive stretch device was used. Since the request for additional therapy is in excess of the ODG, this request is not medically necessary.

Static Pro, Pro- Sup Device x6: Upheld

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, and Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Forearm, Wrist, Hand Chapter, Static progressive stretch (SPS) therapy.

Decision rationale: This request appears to be a brace for static progressive stretching. The Official Disability Guidelines (ODG), Forearm, Wrist, Hand Chapter state the following regarding Static progressive stretch (SPS) therapy: "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 the case of this injured worker, there is documentation that a previous 3 month of this static progressive stretch device was used. Furthermore, a 6 month time line is not appropriate since periodic re-assessment should be made at more frequent intervals. Since the request for additional therapy is in excess of the ODG, this request is not medically necessary.