

<b>Case Number:</b>	CM15-0096485		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	01/14/2014
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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

### 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 46 year old male, who sustained an industrial injury on March 29, 2013, incurring left elbow and shoulder injuries. He was diagnosed with biceps tendinosis, rotator cuff tendinosis, and lesion of the ulnar nerve. Treatment included physical therapy, pain management and work modifications. In 2014, Magnetic Resonance Imaging of the left shoulder and elbow revealed anterior sub muscular ulnar nerve transposition with intramuscular edema. He underwent cubital tunnel surgical intervention with no relief. Upper extremity pain and discomfort continued. In February, 2015, the injured worker underwent a cervical stellate ganglion block. Currently, the injured worker complained left upper extremity pain and difficulty with extension of the wrist and elbow. The treatment plan that was requested for authorization included an elbow extension Dynasplint for the left elbow.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elbow Extension Dynasplint (Left Elbow): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Elbow, Static progressive stretch (SPS) therapy, page 128; ODG, Forearm, Wrist, & Hand, Static progressive stretch (SPS) therapy, page 178.

**Decision rationale:** Guidelines recommend Static progressive stretch (SPS) therapy with use of mechanical devices for joint stiffness and contracture. The device is to be worn across a stiff, contractured joint and provide incremented tension in order to increase range of motion. Criteria for the use of static progressive stretch (SPS) therapy may be considered for up to 2 months for conditions to include joint stiffness caused by immobilization, contractures when passive ROM is restricted, and for healing soft tissue that can benefit from constant low-intensity tension. Use of SPS 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, none indicated here. Submitted reports have not clearly demonstrated range of motion restrictions, failed therapy, or ADL limitations to support beyond guidelines criteria. The Elbow Extension Dynasplint (Left Elbow) is not medically necessary and appropriate.