

Case Number:	CM13-0022864		
Date Assigned:	11/15/2013	Date of Injury:	05/16/2012
Decision Date:	04/18/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/11/2013

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 Orthopedic Surgery and is licensed to practice in Texas. 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 patient is a 39-year-old male who reported injury on 05/16/2012. The mechanism of injury was noted to be the patient was rolling plastic in a rolling machine and his glove got caught. His entire right upper extremity was pulled into the rolling machine, and as a result, the patient injured his entire right upper extremity. A coworker turned off the machine. The patient was treated with physical therapy. The documentation of 06/07/2013 revealed the patient indicated physical therapy did not help his pain levels. The patient's diagnoses were noted to include right wrist radiocarpal ligament tear, minor wear of TFCC right wrist, early ulnar impingement right wrist, extensor carpi ulnaris tendon split right wrist, right wrist mild carpal tunnel syndrome, and right shoulder rotator cuff tear. The request that was submitted was for a right hand/wrist home exercise rehab kit and a right shoulder home exercise rehab kit.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT HAND/WRIST HOME EXERCISE REHAB KIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand and Wrist Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Home Exercise Kits.

Decision rationale: Official Disability Guidelines recommend home exercise kits. There was lack of documentation indicating the components of the home exercise kit, the request for Right Hand/wrist home exercise rehab kit purchase is not medically necessary.

RIGHT SHOULDER HOME EXERCISE REHAB KIT PURCHASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hand and Wrist Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Home Exercise Kit

Decision rationale: The Expert Reviewer's decision rationale: Official Disability Guidelines recommend home exercise kits. There was lack of documentation indicating the components of the home exercise kit, the request for Right Shoulder home exercise rehab kit purchase is not medically necessary.