

Case Number:	CM13-0024607		
Date Assigned:	11/20/2013	Date of Injury:	05/16/2012
Decision Date:	01/29/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice 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 physician 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.

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 an injury on 05/16/2012. The patient is currently diagnosed with extensor carpi ulnaris tendon split, early ulnar impingement, minor wear of TFCC, right wrist radiocarpal ligament tear, right wrist mild carpal tunnel syndrome, right shoulder rotator cuff tear, right elbow medial and lateral epicondylitis, and long-term medication use. The patient was seen by [REDACTED] on 06/07/2013 with complaints of right upper extremity pain. Physical examination revealed 180 degree flexion of the right shoulder, 50 degrees extension, 65 to 90 degree internal and external rotation, positive edema at the right elbow, tenderness to palpation over the common extensor tendon, positive edema of the right wrist, 80 degree flexion of the right wrist, 55 degree extension of the right wrist, and 140 degree flexion of the right elbow. Treatment recommendations included continuation of current medications and a urine drug screen.

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:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2013, Hand and Wrist Chapter, Exercise, Shoulder Chapter, Home exercise kits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265-266. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Home Exercise Kits.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state physical methods for forearm, wrist, and hand complaints include instruction in home exercises. Instruction in proper exercise technique is important, and a physical therapist can serve to educate the patient about an effective exercise program. The Official Disability Guidelines state home exercise kits are recommended as an option where home exercise programs are recommended and where active self-directed home physical therapy is recommended. As per the clinical notes submitted, there is no clear indication that a specific exercise kit is of any medical need. Utilization of a home exercise kit would be considered reasonable in instances where there is clear documentation of the specific treatment for which the exercise kit is to be utilized. Without specification of the indications and need for the exercise kit, the current request cannot be determined as medically appropriate. Therefore, the request for right hand/wrist home exercise rehab kit purchase is non-certified

Right shoulder home exercise rehab kit purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web) 2013, Hand and Wrist Chapter, Exercise, Shoulder Chapter, Home exercise kits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment, Home Exercise Kits.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state initial care for shoulder complaints includes instruction in home exercise. Instruction in proper exercise technique is important, and a few visits to a good physical therapist can serve to educate the patient about an effective exercise program. The Official Disability Guidelines state home exercise kits are recommended as an option where home exercise programs are recommended and where self-directed home physical therapy is recommended. As per the clinical notes submitted, there is no clear indication that the current condition requires specific use of an exercise kit. The medical necessity for a more complex exercise kit has not been established. Therefore, the request for right shoulder home exercise rehab kit purchase is non-certified