

Case Number:	CM13-0032669		
Date Assigned:	12/18/2013	Date of Injury:	06/19/2012
Decision Date:	02/21/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/08/2013

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 Orthopedic Surgery and is licensed to practice in California. 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. 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 claimant is a 31-year-old gentleman who was injured in a work related accident on June 19, 2012. The records in this case indicate an injury to the left 3rd digit at time of accident. The current clinical reports of August 23, 2013 with treating provider [REDACTED] indicated the claimant was continuing to feel the same about the left 3rd and 4th digit. There was noted to be an aching discomfort with restricted range of motion from 60 to 100 degrees about the MP joint and 0 to 20 degrees at the PIP joint of the 3rd finger. A formal working diagnosis was not given at that date. Prior clinical records indicate diagnoses of contusion to the left 3rd digit with a sprain to the PIP joint. There is no documentation of prior operative intervention. There is documentation of significant course of physical therapy. At present there is no formal clinical imaging available for review. There is a request for a hand kit to include an EMS unit, electrodes, set up and delivery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand exercise kit for home use includes: EMS unit, electrodes x10, hand rehab kit and set up and delivery: Upheld

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

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

Decision rationale: California MTUS Guidelines are silent. When looking at Official Disability Guideline criteria, the role of a home exercise kit that includes electrodes and EMS unit, an exercise kit as well as set up and delivery would not be indicated. Records in this case fail to demonstrate why the claimant would be unable to perform aggressive home exercise on their own or why they would not be well versed in home exercises provided by the amount of physical therapy that has already been utilized. The role of a "kit" in this case would not be supported based on the claimant's current clinical presentation and inability to justify the role of essentially home exercises alone.