

Case Number:	CM13-0038481		
Date Assigned:	03/21/2014	Date of Injury:	10/13/2010
Decision Date:	04/28/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/25/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine 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 58 year-old male with an injury date of 10/13/2010 and the mechanism of injury was from trauma. The patient has had ongoing chronic pain to his right wrist since the injury. The current diagnosis was noted as cervical disc displacement. On 03/06/2014 examination, it was noted the patient had intact sensation at the right dorsal thumb web, right index tip, and right small tip. The patient prior treatments included activity restrictions, medication and physical therapy with no apparent improvement. The request is for one home exercise kit for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE HOME EXERCISE KIT FOR THE RIGHT WRIST BETWEEN 10/2/2013 AND 11/16/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EXERCISE Page(s): 46-47.

Decision rationale: The California MTUS guidelines for chronic pain indicate that there is no sufficient evidence to support the recommendation of any particular exercise regimen over

another exercise regimen. The information provided does not indicate the patient has any deficits in the right wrist that would require a home exercise kit. Also, the components of the exercise kit were not provided to determine the necessity. The patient has been provided formal physical therapy and should be well versed in a home exercise program. Therefore, the request for one home exercise kit for the right wrist is not medically necessary.