

<b>Case Number:</b>	CM13-0047472		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	03/06/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and 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. 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 33-year-old male who reported an injury on 02/17/2011. The patient is currently diagnosed with bilateral shoulder tendonitis with possible impingement, right elbow medial and lateral epicondylitis, bilateral wrist tendonitis, left wrist carpal tunnel syndrome, and left cubital tunnel release in 05/2013. The most recent physician progress report was submitted by [REDACTED] on 07/30/2013. The patient reported improvement following left elbow cubital tunnel release on 05/11/2013. Physical examination revealed -10 to 130 degree range of motion with tenderness over the medial and lateral epicondyle. Treatment recommendations included initiation of physical therapy for postoperative rehabilitation and continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Rental of a home exercise kit for the left elbow:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The Official Disability Guidelines (ODG) state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. Home exercise kits are recommended as an option. As per the documentation submitted, the patient is status post left elbow cubital tunnel release on 05/11/2013. The patient was advised to begin physical therapy after 8/12/2013 twice per week for 6 weeks. Therefore, the medical necessity for a home exercise kit has not been established. The patient should complete a postoperative course of physical therapy, followed by instructions in a home exercise program. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.