

<b>Case Number:</b>	CM13-0056606		
<b>Date Assigned:</b>	06/09/2014	<b>Date of Injury:</b>	05/06/2010
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	11/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/22/2013

### 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 Occupational Medicine 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 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:

This is a 49-year-old female with a 5/6/10 date of injury secondary to repetitive trauma while working as a clerk. After being diagnosed with a ganglion cyst of the volar aspect of the left wrist. She had an outpatient excision on 1/23/12 with post op physical therapy. She is status post CTR of the right hand on 7/11/13 with post operative physical therapy. She was seen on 10/16/13 (progress note was hand written and partially illegible) with improved left wrist pain, and decreased range of motion of the right shoulder. Exam findings revealed decreased grip strength of the right wrist and decreased range of motion of the right shoulder. Physical Therapy was requested for the right shoulder, a hand/wrist exercise kit was recommended for aid with HEP. EMG/NCV 2012: mild median right carpal tunnel syndrome. Treatment to date includes surgery, PT (2013), medications, HEP and night splinting. A UR decision dated 11/4/13 denied the request for a hand and wrist exercise kit given it was not defined or supported by current evidence guidelines. The UR decision denied the decision for physical therapy for the right shoulder given the shoulders were not part of the industrial claim.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HAND AND WRIST EXERCISE KIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** California MTUS does not address this issue. Before the requested exercise kit can be considered medically appropriate, it is reasonable to require documentation that the patient has been taught appropriate home exercises by a therapist or medical provider and a description of the exact contents of the kit. ODG states that exercise equipment is considered not primarily medical in nature, and that DME can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury and is appropriate for use in a patient's home. There is no documentation of the exact contents of the kit, or why the patient requires a kit to perform a HEP when the patient is noted independently performing a HEP. Therefore, the request for a hand and wrist exercise kit was not medically necessary.

**PHYSICAL THERAPY 2 TIMES PER WEEK X4 WEEKS FOR RIGHT SHOULDER:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6, Page 114 and the Non-MTUS Official Disability Guidelines ODG (Physical Therapy Guidelines-Preface).

**Decision rationale:** California MTUS supports an initial course of physical therapy with objective functional deficits and functional goals. In addition, ODG states that patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with physical therapy. A request for continuation of physical therapy would make it reasonable to require documentation of objective improvement with previous treatment and functional deficits on exam that are likely to respond to PT. In this case the patient complains of pain in the right shoulder; however the patient's diagnosis and treatment to date is not clear. In addition, the patient's shoulder pain was mentioned in October 2013 and the progress note was largely illegible. Thus, the rationale for physical therapy is unclear. There are no specifically defined goals with regard to PT for the right shoulder. 8 visits exceed the ODG recommendation of a 6 visit initial trial. Therefore, the request for 8 visits of physical therapy to the right shoulder was not medically necessary.