

<b>Case Number:</b>	CM13-0067101		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/01/2011
<b>Decision Date:</b>	04/23/2014	<b>UR Denial Date:</b>	11/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### 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 Anesthesiology and Pain Management, and is licensed to practice in Florida. 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 28-year-old patient with a date of injury of July 1, 2011, and the mechanism of injury was that the patient, while working as a fungal and setup technician, injured both hands due to cumulative trauma, resulting in a bilateral carpal tunnel release. The patient reportedly never completed physical therapy for the right hand. Impairments remaining for activities of daily living included difficulty with brushing her teeth, combing hair, difficulty writing and typing, difficulty pushing off and lifting, difficulty gripping, lifting, and gross manipulation, as well as difficulty driving. Difficulties with work activities included difficulty with heavy lifting, pushing, pulling, reaching above and below, repetitive keyboarding with the hands becoming numb. There is a history of positive Phalen's test on the right. Range of motion: flexion at 60 degrees, extension 60 degrees, radial deviation 20 degrees, ulnar deviation 30 degrees. Grip strength with use of Jamar dynamometer testing in pounds: right 66/62/62; left 78/78/76.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME EXERCISE KIT FOR STRENGTHENING THE HANDS:** 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 Chapters, Home exercise kits

**Decision rationale:** The CA MTUS/ACOEM Guidelines do not address. The Official Disability Guidelines state "Recommended as an option with home exercise programs." The request for the home exercise kit for strengthening for hands is non-certified. The documentation states there are still some impairment and deficits but no evidence that the patient has been instructed on a home exercise program for continued strengthening and exercise at home. Although the Official Disability Guidelines do recommend home exercise kits as an option, there must be a home exercise program as well. The request for a home exercise kit for the hands is not medically necessary or appropriate.