

Case Number:	CM14-0006865		
Date Assigned:	02/07/2014	Date of Injury:	12/12/2012
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/17/2014

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:

The patient is a 33-year-old female who has submitted a claim for carpal tunnel syndrome associated with an industrial injury date of December 12, 2012. The patient complains of on and off, mild to moderate right wrist pain with numbness and tingling. Physical examination of the right hand was essentially normal. Electrodiagnostic studies of the cervical spine and upper extremities were done on May 29, 2013 and revealed normal findings. The diagnosis is right wrist clinical carpal tunnel syndrome. Treatment plan includes a request for home exercise kit for the right wrist. Treatment to date has included oral analgesics, chiropractic therapy, physical therapy, home exercises, and acupuncture and tendon sheath injection. Utilization review from January 13, 2014 denied the request for home exercise kits for wrist because there was no rationale presented for this particular rehabilitation kit as opposed to more reasonably priced similar equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE KITS FOR WRIST: 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) Shoulder Chapter, Home exercise kits; Knee & Leg Chapter, Exercise equipment and durable medical equipment.

Decision rationale: Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. ODG Shoulder Chapter recommends home exercise kits where home exercise programs and active self-directed home physical therapy are recommended. The ODG Knee and Leg Chapter states that exercise equipment are considered not primarily medical in nature. It also states that durable medical equipment should be primarily and customarily used to serve a medical purpose. In this case, the exact content of the exercise kit was not described in the progress reports. It is unclear if the included equipment will be considered for medical treatment. Therefore, the request for home exercise kits for wrist is not medically necessary.