

<b>Case Number:</b>	CM14-0007863		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/04/2008
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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 65 year old male who was injured on 11/04/2008 while he was operating a dye setting machine, when it suddenly malfunctioned and a part of the machine smashed down on his right hand. His hand was struck and smashed and his co-workers came for assistance. He removed his hand, which was almost amputated. Prior treatment history has included physical therapy, a prosthetic hand and 12 sessions with the psychologist. The patient is status post right wrist and elbow amputation. The patient's medication regimen consists of: Hydrocodone 5/325 mg, Codeine, Lisinopril 5 mg, Metformin 500 mg, InsulinSimvastatin. Progress note dated 12/09/2013 documented the patient with complaints of burning pain in the right elbow. Pain levels vary throughout the day with a level of 8/10. He has continuous pain in the wrist area where the hand was amputated. The patient complains of burning sensation. The pain is aggravated by touch. Pain levels vary throughout the day with a level of 8/10. The patient states the medications help to relieve the pain. Objective findings on examination of the wrist reveal tenderness to palpation with associated spasm in the right wrist. The patient is status post right wrist amputation. Examination of the elbow reveals tenderness to palpation with associated spasm in the right elbow. The patient is status post right elbow amputation. Grip strength on try 1 on the right is 0 kg and left 17 kg. Reflexes are 2+. Manual muscle testing revealed muscle strength is 5/5. Treatment Plan: I am requesting authorization for the patient to obtain durable medical equipment in the form of cold and heat therapy unit and a home exercise kit for right wrist and right elbow. UR report dated 01/06/2014 denied the request for a home exercise kit. Before it 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.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**HOME EXERCISE KIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Exercise Equipment: Durable Medical Equipment

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Knee, Exercise equipment; Durable Medical Equipment.

**Decision rationale:** The CA MTUS guidelines state, "Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." The medical records do not establish the patient has been instructed in an independent home exercise program. According to the Official Disability Guidelines, exercise equipment is not considered primarily medical in nature. The body part(s) for which the exercise equipment is requested to address is not documented. In addition, medical record does not document specific deficits on examination that are likely to benefit or notably improve with specific exercise equipment. More importantly, an independent home exercise program, that include stretching, range of motion, and strengthening activities can be performed very effectively without the use of extraneous equipment.