

<b>Case Number:</b>	CM14-0109967		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	04/07/2005
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2014

### 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 Family Medicine, and is licensed to practice in New Jersey. 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 injured worker is a 53-year-old female who reported an injury on 04/07/2005 due to an unknown mechanism. Past treatments were physical therapy, acupuncture, wrist splints, and injections. Past surgeries were left basal joint interpositional arthroplasty, flexor carpi radialis tendon graft, neurolysis, dorsal sensory branches, radial nerve, release of the left first dorsal compartment, release of the second tunnel within the first compartment with extensor tenosynovectomy, excision of the trapezium, K-wire fixation, MC1 to MC2, and specialized splint application. The patient had a physical examination on 06/30/2014 that revealed complaints of left thumb pain. The patient is currently on modified duty. The patient stated she did not know if this would be a permanent job. Examination of the left wrist revealed tenderness with flexion, and there was triggering of the left long finger. Examination of the left knee revealed tenderness and positive crepitation. Requesting authorization for Synvisc injection to the left knee and a home exercise kit for the left hand. The Request for Authorization was submitted with a date of 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Home exercise kit purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Regimen. Decision based on Non-MTUS Citation Blue Cross of California Medical Policy Durable Medical Equipment

**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, Durable Medical Equipment

**Decision rationale:** The request for home exercise kit purchase is not medically necessary. The CAMTUS/ACOEM do not address the request. The Official Disability Guidelines indicates that the term DME is defined as equipment which something that can withstand repeated use, i.e., could normally be rented, and used by successive patients; is primarily and customarily used to serve a medical purpose; generally is not useful to a person in the absence of illness or injury; & is appropriate for use in a patient's home. There was no rationale documented detailing a clear indication for the use of a home exercise kit purchase. The request does not meet the guideline recommendation for durable medical equipment. The patient has had numerous Occupational Therapy sessions where patients' are instructed on exercises that can be done at home. The clinical documentation submitted for review does not provide evidence to support the purchase of a home exercise kit. Therefore, this request is not medically necessary.