

Case Number:	CM14-0012517		
Date Assigned:	02/21/2014	Date of Injury:	02/15/2012
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/31/2014

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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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 67-year-old who has submitted a claim for right shoulder sprain/strain with SLAP lesion, partial biceps tear, acromioclavicular degenerative joint disease, subacromial bursitis; right elbow medical epicondylitis with moderate degenerative changes, mild cubital tunnel syndrome; right wrist sprain/strain with moderate carpal tunnel syndrome; and cervical spine sprain/strain associated with an industrial injury date of February 15, 2012. Medical records from 2012-2013 were reviewed. The patient complained of right upper extremity pain. There was persistent numbness, weakness and tingling associated with the pain. There were occasional spasms of the 4th and 5th fingers. The right hand pain radiates up to the elbow region as well as pain in the right wrist towards the little finger. There were difficulties with gripping and grasping. Pain and pulling sensation of the right elbow was also noted. Physical examination of the right elbow showed tenderness of the right medial epicondyle. There was positive Tinel's sign, and there was decreased sensation of the ulnar area. For the right wrist, there was tenderness of the dorsal capitate. Tinel's sign was positive and there was decreased sensation of the median nerve. Right shoulder examination showed tenderness of the subacromial, acromioclavicular, scapulothoracic, and biceps. There was also decreased range of motion of the shoulder. MRI of the right shoulder dated June 15, 2012 revealed full thickness tear in the anterior most distal fibers of the supraspinatus tendon with significant partial thickness undersurface tear along the remainder of the distal supraspinatus tendon as well as partial thickness undersurface tear in much of the infraspinatus tendon at its distal insertion site footprint. Some slightly more proximal delamination tears are seen near the musculotendinous junction of the distal supraspinatus; at least moderate acromioclavicular joint arthritis; superior labral anterior and posterior tear; and partial thickness tear and or tendonitis long head of the biceps. Open MR of the right elbow, dated June 15, 2012, revealed moderate degenerative

arthritis about the elbow with medium sized joint effusion, and focal intrasubstance tear in the origin of the common extensor tendon. NCS/EMG of the right upper extremity, dated May 3, 2013, revealed moderate right carpal tunnel syndrome and mild right ulnar neuropathy at the wrist. Treatment to date has included medications, physical therapy, acupuncture, home exercise program, and activity modification. Utilization review, dated January 21, 2014, denied the request for a home exercise kit. Reasons for denial were not made available.

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 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: The CA MTUS does not address this topic. 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, there was no mention from the clinical records submitted regarding the use of a home exercise kit. The rationale for the request was not indicated as well. The patient was asked to continue her home exercise program. However, there was no documentation that the patient has been taught appropriate home exercises by a therapist. Furthermore, 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. Furthermore, the present request failed to specify the body part to be treated. Therefore, the request for a home exercise kit is not medically necessary or appropriate.