

Case Number:	CM14-0014901		
Date Assigned:	02/28/2014	Date of Injury:	03/14/2012
Decision Date:	07/24/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/05/2014

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, has a subspecialty in Pain 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 43-year-old female with a 3/14/12 date of injury to multiple body parts. She was stocking recycled bottles in bundles, when a bottle fell on her right shoulder and right ear region. The 11/11/13 progress note described pain in the upper back with radiation into the right side of the head, ear, and entire right shoulder and arm. The patient also had right wrist/hand pain with numbness, tingling, and weakness that radiates to the shoulder. Pain medications help alleviate pain. Therapy and acupuncture helped temporarily. There was tenderness at the wrist joint on the right, positive Tinel's, positive Phalen's, and decreased grip strength. The patient had tenderness and spasms in the right side of the neck, right upper trapezius, and suboccipital muscles. Range of motion was limited secondary to pain. Diagnoses include cervical spine disc bulge with radiculopathy, right shoulder internal derangement, right shoulder contusion, clinical carpal tunnel syndrome, ganglion cyst in the right wrist, subchondral cyst of the right wrist, and joint effusion of the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Rehab Kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter: Exercise Equipment.

Decision rationale: Medical necessity for the requested exercise kit is not established. Before the requested exercise kit 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. This request obtained an adverse determination as there was no further description of regarding the requested exercise kit. The request for Home Exercise Rehabd Kit is not medically necessary.