

Case Number:	CM14-0119873		
Date Assigned:	08/06/2014	Date of Injury:	05/07/2013
Decision Date:	09/22/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/30/2014

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 Nevada. 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 49 year old female with an injury date on 5/7/13. Patient complains of continuing cervical pain extending into both upper extremities, left greater than right, with pain into her entire left hand and all five fingers with numbness/tingling per 6/11/14 report. Based on the 6/11/14 progress report provided by [REDACTED] the diagnoses are: 1. anxiety and depression secondary to industrial injury 2. complex region pain syndrome left upper extremity 3. cervical discopathy 4. intervertebral disc disorder, cervical 5. radiculopathy left upper extremity 6. insomnia 7. musculoligamentous injury left wrist 8. s/p left carpal tunnel release with residual 9/5/13 Exam on 6/11/14 showed "decreased range of motion of the C-spine. Tenderness over surgical scar of left wrist. Positive Phalen's/Tinel's on the left. Decreased sensation throughout entire left arm and right thumb but non-focal, non-dermatomal pattern." [REDACTED] is requesting one hand/wrist home exercise rehab kit, purchase and installation. The utilization review determination being challenged is dated 6/30/14. [REDACTED] is the requesting provider, and he provided treatment reports from 5/22/14 to 7/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

One hand/wrist home exercise rehad kit, purchase and installation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist and Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation ODG-TWCKnee and Leg (Acute and Chronic).

Decision rationale: This patient presents with neck pain radiating into both upper extremities and into left hand. The treater has asked for one hand/wrist home exercise rehab kit, purchase and installation on 6/11/14. MTUS guidelines are silent regarding home exercise kits, so other guidelines were consulted. ODG guidelines support home exercise kits for shoulder and knee conditions but does not discuss it for any other body parts. ACOEM further states, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise." Although exercise is recommended, it is unclear as to what the "exercise rehab kit" encompasses. Without knowing what the "kit" details, one cannot make a recommendation regarding its appropriateness based on the guidelines. The request is not medically necessary.