

Case Number:	CM14-0136645		
Date Assigned:	09/03/2014	Date of Injury:	08/09/2013
Decision Date:	10/02/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/25/2014

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 54-year-old male who has submitted a claim for carpal tunnel syndrome status post left wrist carpal tunnel release (03/14/2014) associated with an industrial injury date of 08/09/2013. Medical records from 04/11/2014 to 07/04/2014 were reviewed and showed that patient complained of left hand pain graded 4/10 which radiates to the upper back/left shoulder, left wrist, and left forearm. Physical examination revealed well-healed surgical scar, normal capillary refill time, atrophy of the hand, decreased left hand grip strength, decreased wrist ROM, and positive Tinel's and Phalen's test. Treatment to date has included left wrist carpal tunnel release (03/14/2014), occupational therapy, Gabapentin, cyclobenzaprine, and Naproxen 550mg. Utilization review dated 08/11/2014 denied the request for 1 hand rehabilitation kit purchase and 1 wrist rehabilitation kit purchase. However, the rationale was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Hand Rehabilitation Kit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2014 Forearm, Wrist, and Hand Chapter, Exercises

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, 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, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: 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. In this case, the patient complained of left hand pain which prompted request for hand rehabilitation kit purchase. There was no discussion as to how the rehabilitation kit will be used in this case. Furthermore, the specific contents of the rehabilitation kit were not disclosed. Hence, it is unclear if the rehabilitation kit contents will fit the description of DME. The medical necessity cannot be established due to insufficient information. Therefore, the request for 1 Hand Rehabilitation Kit Purchase is not medically necessary.

1 Wrist Rehabilitation Kit Purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment Index 11th Edition (web), 2014 Forearm, Wrist, and Hand Chapter, Exercises

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, 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, the Official Disability Guidelines, (ODG), Knee Chapter was used instead. A Durable Medical Equipment (DME) is recommended generally if there is a medical need and if the device meets the Medicare's definition of DME as: 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. In this case, the patient complained of left hand pain which prompted request for wrist rehabilitation kit purchase. There was no discussion as to how the rehabilitation kit will be used in this case. Furthermore, the specific contents of the rehabilitation kit were not disclosed. Hence, it is unclear if the rehabilitation kit contents will fit the description of DME. The medical necessity cannot be established due to insufficient information. Therefore, the request for 1 Wrist Rehabilitation Kit Purchase is not medically necessary.