

Case Number:	CM14-0138268		
Date Assigned:	09/05/2014	Date of Injury:	06/26/2013
Decision Date:	12/15/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	08/26/2014

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 Internal medicine, and is licensed to practice in Maryland. 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 employee was a 34 year old female who sustained an industrial injury on 06/26/13 due to repetitive data entry, writing and handling. She was being treated for bilateral wrist pain, painful arms and elbows. Her diagnoses included carpal tunnel syndrome, radial styloid tenosynovitis, bilateral lateral epicondylitis, bilateral forearm extensor, shoulder sprain/strain and flexor tendinitis. The visit note from 07/16/14 was reviewed. Subjective complaints included left shoulder pain, heaviness, associated with movement, lifting 10 pounds, twisting, reaching, pushing, pulling repetitively and overhead reaching that was relieved with medications, physical therapy and activity modification. She also had right wrist pain, numbness at night and left wrist pain worse with activities like turning door knob, doing her hair, gripping and twisting. Objective findings included swelling of volar aspect of right wrist, tenderness of the thenar muscle, painful range of motion, tenderness to palpation of the lateral wrist, thenar, triangular fibrocartilage complex and volar wrist. She had positive Finkelstein's test on the wrist and Durkan's test was positive as well with thumb abduction being 4/5. On the left wrist, range of motion was decreased and painful. There was tenderness to palpation of the dorsal wrist, thenar and volar wrist, with phalen's test causing pain. Carpal compression also caused pain. Left shoulder exam was unchanged. Diagnoses included carpal tunnel syndrome, radial styloid tenosynovitis, shoulder sprain/strain and sprain/strain of wrist. The plan of care was for TENS unit, shoulder exercise kit and wrist/hand exercise kit so she can do some therapy at home. She did some therapy at home, but was unable to stretch as in therapy as she tended to stop when there was pain and she did not have the same equipment. She was off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Exercise Kit (left shoulder): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Exercises, Home exercise kits

Decision rationale: The employee was a 34 year old female who sustained an industrial injury on 06/26/13 due to repetitive data entry, writing and handling. She was being treated for bilateral wrist pain, painful arms and elbows. Her diagnoses included carpal tunnel syndrome, radial styloid tenosynovitis, bilateral lateral epicondylitis, bilateral forearm extensor, shoulder sprain/strain and flexor tendinitis. The visit note from 07/16/14 was reviewed. Subjective complaints included left shoulder pain, heaviness, associated with movement, lifting 10 pounds, twisting, reaching, pushing, pulling repetitively and overhead reaching that was relieved with medications, physical therapy and activity modification. She also had right wrist pain, numbness at night and left wrist pain worse with activities like turning door knob, doing her hair, gripping and twisting. Objective findings included swelling of volar aspect of right wrist, tenderness of the thenar muscle, painful range of motion, tenderness to palpation of the lateral wrist, thenar, triangular fibrocartilage complex and volar wrist. She had positive Finkelstein's test on the wrist and Durkan's test was positive as well with thumb abduction being 4/5. On the left wrist, range of motion was decreased and painful. There was tenderness to palpation of the dorsal wrist, thenar and volar wrist, with phalen's test causing pain. Carpal compression also caused pain. Left shoulder exam was unchanged. Diagnoses included carpal tunnel syndrome, radial styloid tenosynovitis, shoulder sprain/strain and sprain/strain of wrist. The plan of care was for TENS unit, shoulder exercise kit and wrist/hand exercise kit so she can do some therapy at home. She did some therapy at home, but was unable to stretch as in therapy as she tended to stop when there was pain and she did not have the same equipment. She was off work. According to Official disability guidelines, exercise is recommended for shoulder disorders since joint stiffness is more in shoulder than other joint disorders. Guidelines further recommend home exercise kit where home exercise programs are recommended, where active self directed home physical therapy is recommended. The employee had shoulder pain and shoulder sprain/strain for which early mobilization and exercise is recommended. There is documentation that physical therapy was helpful. She was unable to stretch while doing home exercises. Hence the request for shoulder exercise kit is medically necessary and appropriate.