

Case Number:	CM14-0167646		
Date Assigned:	10/14/2014	Date of Injury:	12/14/2012
Decision Date:	11/18/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/10/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 48-year-old male with a date of injury of 12/14/2012. The listed diagnosis per [REDACTED] is left wrist carpal tunnel syndrome. According to progress report 08/07/2014, the patient presents with ongoing pain in his bilateral wrist and hand with numbness, tingling, and weakness of the upper extremity. Examination of the wrist revealed moderate pain with range of motion. There was positive Phalen's, Tinel's, and Finkelstein's test on the left. This is a request for Optimum Home Rehab Kit. Utilization review denied the request on 09/26/2014. The medical file provided for review includes progress report 05/15/2014, 06/26/2014, and 08/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Optimum home rehab kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, Exercise

Decision rationale: This patient presents with chronic wrist and hand pain with numbness, tingling, and weakness noted in the upper extremities. This is a request for Optimum Home Rehab Kit. The medical file provided for review does not include a rationale for this request. The ACOEM, MTUS, and ODG Guidelines do not discuss Optimum Home Rehab Kits. ACOEM Guidelines state, "There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment patient programs that do not include exercise." Although exercise is recommended, it is unclear as to what the "Home Rehab Kit" encompasses. Without knowing what this kit entails, one cannot make recommendation regarding its appropriateness based on the guidelines. ODG does support exercise kit for shoulders but does not discuss exercise kit for forearm/wrist/hand or carpal tunnel chapters. The request is not medically necessary.