

Case Number:	CM14-0174041		
Date Assigned:	10/27/2014	Date of Injury:	04/16/2013
Decision Date:	12/04/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/22/2014

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 Occupational Medicine and is licensed to practice in Illinois. 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 injured worker is a depressed 53 year old man who suffered finger injury when a pipe and motor weighing 200 pounds to 300 pounds fell on top of his hand on April 16, 2013. After treatment and rehab, he continued to work and re-injured his fingers. He was terminated and states he suffered from emotional and mental stress on the job. He currently experiences pain in his pinky finger and ring finger of his left hand. There are 2 illegible chiropractic notes from March 5, 2014 and June 6, 2014. There is a chiropractic note from July 21, 2014 ordering occupational therapy, home exercises, psych care and pending hand specialist. There is a note stating that the worker will be referred to an orthopedist, but there is no clinical note from this physician. A radiograph of the left hand from February 13, 2014 was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand and wrist exercise kit contains t9herms bands, power bands, and putty, dura grip):
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) Knee and Leg Chapter, Exercise Equipment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Isokentics, Inc. 2014. Hand, Finger, Wrist Exercisers

Decision rationale: Hand wrist exercise kits are not addressed in Medical Treatment Utilization Schedule, the American College of Occupational and Environmental Medicine guidelines, Official Disability Guidelines, or a evidence-based literature search. There is no explanation as to what this kit is, what the goals of the kit are, or any guidance as to how to use the kit. There is no explanation as to how the kit will increase the worker's functional capabilities, help alleviate his anxiety and depression as it relates to his impairment, or how the kit will enhance his ability to perform activities of daily living. Therefore, the requested service is not medically necessary.