MAXIMUS Federal Services

Case Number:	CM14-0022717		
Date Assigned:	06/11/2014	Date of Injury:	11/18/2010
Decision Date:	07/15/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/24/2014

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 47-year-old female who was injured on November 18, 2010. Mechanism of injury is unknown. Prior treatment history has included the patient undergoing carpal tunnel release on October 29, 2013 on the left wrist. Progress report dated November 15, 2013 documented the patient came for a follow up and having mild to moderate pain in her left wrist. Objective findings one examination reveals the wound is healing nicely. There is no evidence of infection, neurovascular are intact and the wound was redressed today. A wrist brace is recommended. The patient was diagnosed with status post left carpal tunnel release. The treatment plan includes the patient is disabled. The patient will need therapy and will return to this office in one week. Utilization report dated February 11, 2014 states that the request for a Home Exercise Kit was not certified as there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regime. The medical records do not document subjective complaints or findings of the body part which is to be utilized and the lacking of documentation of the kit, the request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

HOME EXERCISE KIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Excercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Exercises, Forarm, Wrist,and Hand.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. According to the ODG, exercise is recommended. Recommend specific hand and wrist exercises for range of motion and strengthening. Patients should be advised to do early passive range-of-motion exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapy provider can serve to educate the patient about an effective exercise program. Patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. The medical records document the patient underwent left carpal tunnel release on October 29, 2013. The Chronic Pain Medical Treatment Guidelines have no specific exercise regimen for wrist post-carpal tunnel release rather than regular instructions for home exercise and as the request did not specify the contents and the indication of the home kit exercise. The request for a home exercise kit is not medically necessary or appropriate.