MAXIMUS Federal Services

Case Number:	CM14-0034981		
Date Assigned:	06/23/2014	Date of Injury:	08/29/2012
Decision Date:	07/29/2014	UR Denial Date:	02/23/2014
Priority:	Standard	Application Received:	03/20/2014

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 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 injured worker is a 46-year-old male with a reported injury on 08/29/2012. The mechanism of injury was a motor vehicle accident. The injured worker is a semi truck driver and he was sleeping in the bed of the truck where there was another driver driving while he was sleeping and lost control of the truck. The injured worker struck his head on a hard object and lost consciousness. When he regained his consciousness he complained of pain on the right side of his body. The injured worker reports that he does do some walking as his exercise program at home, but he has not participated in any progressive rehabilitation exercise program. The injured worker can lift a maximum of 10 pounds with his right hand which prior to the injury was able to lift 100 pounds. The injured worker does describe that he is able to perform all of his routine activities of daily living without assistance. He has some difficulty with pain with bending and putting on his shoes and socks. He has problems using his right hand to brush his teeth, cut food, and open cartons of milk. He also complained of having difficulty feeling what he touches with his right hand and difficulty with pain while he opens doors and jars. The current medications include amitriptyline and the patient quoted a "pain medication" and also ibuprofen. On the last exam, which was 02/23/2014, there was no specific exam on his hands. His diagnoses consist of right shoulder impingement syndrome with acromioclavicular joint arthropathy, right elbow fracture of the olecranon with cubital tunnel syndrome, status post apparent excision of a chip fracture with an anterior ulnar nerve transposition, low back pain, and right hip strain. Again, there was no mention regarding his hands at that time. The request for authorization and the rationale for a home exercise kit for the wrist and hands was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit for the Wrist and Hands: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The home exercise kit for the wrist and hands is not medically necessary. There is no mention of this in the California MTUS Guidelines or ACOEM, but the Official Disability Guidelines do state that exercises for the hand and wrist are recommended for range of motion and strengthening and that the patient should be advised to do early passive range of motion exercises at home. The guidelines also recommend at-home applications of heat or cold packs to use as needed and there was no documentation provided regarding any kind of home therapy program or physical therapy. There was also lack of evidence of the need for a home exercise program for the wrists and hands. There was no medical exam regarding the wrists or hands. Therefore, the request for the home exercise kit for the wrist and hands is not medically necessary.