MAXIMUS Federal Services

| Case Number: | CM14-0035377 | | |
|---|---|---|---|
| Date Assigned: | 06/23/2014 | Date of Injury: | 03/31/2013 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 03/03/2014 |
| Priority: | Standard | Application Received: | 03/21/2014 |

## 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, has a subspecialty in Pain Management, 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:

This is a patient with a date of injury of 3/31/13. A utilization review determination dated 3/3/14 recommends non-certification of a hand/wrist home exercise rehabilitation kit.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**DME- Hand/ wrist home exercise rehabilitation kit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47.

**Decision rationale:** The California MTUS does support the use of exercise and recommends that an exercise program should emphasize education, independence, and the importance of an ongoing exercise regime. Within the documentation available for review, there is no legible documentation identifying the contents of the exercise kit and a rationale for its use in this patient's treatment, as independent home exercise programs are typically designed without the need for any specialized equipment. In light of the above issues, the request is not medically necessary.