

<b>Case Number:</b>	CM14-0039719		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	12/26/2011
<b>Decision Date:</b>	07/28/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/04/2014

### 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 Pain Management. 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 12/26/11. A utilization review determination dated 3/5/14 recommends non-certification of hand home rehabilitation exercise kit. 2/21/14 medical report identifies pain in the neck, left shoulder, left elbow, and left wrist. On exam, there is tenderness, decrease ROM, and decreased strength of unspecified body parts.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hand home rehabilitation exercise kit:** 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) Forarm, wrist and hand procedure.

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

**Decision rationale:** Regarding the request for Hand home rehabilitation exercise kit, California MTUS supports the use of home exercise. Within the documentation available for review, there is no documentation of a rationale identifying why the patient cannot participate in an effective independent home exercise program without the requested kit, as these programs are typically

designed without the need for specialized equipment. In the absence of such documentation, the currently requested Hand home rehabilitation exercise kit is not medically necessary.