

Case Number:	CM14-0053434		
Date Assigned:	07/07/2014	Date of Injury:	11/01/2013
Decision Date:	10/15/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/21/2014

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 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 patient is a 27-year-old male with a date of injury of 11/01/13. The mechanism of injury was a fall from a ladder, landing on the right-hand. The patient was found to have a distal radius fracture and possible TFCC tear on initial MRI. On 11/12/13, the patient underwent a closed reduction and percutaneous pinning of the right distal radius. The DRUJ was also pinned. The patient was placed in a long-arm splint in supination. Post-op PT was initiated on 12/18/13. The patient improved with post-op care/PT, and by 2/20/13 follow-up is noted to have occasional pain that is described as mild. There was persistent stiffness. According to Utilization Review report on 4/03/14, the patient had 12 sessions of PT prior to certification of another 12 on 3/11/14. This is a total of 24 post-op PT sessions. The latest report submitted from the requesting physician was on 3/03/14, and this report discusses Urine Drug Screen results with no discussion of any other clinical issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Wrist Home Exercise Kit: 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 and Hand/Low Back, Exercise.

Decision rationale: The ODG discusses the use of exercise kits when it states that while home exercise is recommended, elaborate personal care such as gym memberships or advanced home exercise equipment is not covered. In this case, the patient has had extensive post-op PT. An integral part of any PT course is to teach the patient to be independent in a self-directed home exercise program, and other than this instruction, no equipment should be needed to accomplish an effective program. As such, the request is not medically necessary and appropriate.