

Case Number:	CM14-0055561		
Date Assigned:	07/09/2014	Date of Injury:	09/24/2012
Decision Date:	12/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/24/2014

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 Family Medicine and is licensed to practice in New York. 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 35 year-old female who was injured on 9/24/11. She had injuries of her hands/wrists and left shoulder. She complained of sharp, stabbing left shoulder pain and bilateral wrist and hand numbness, aching, and burning pain. She had tenderness of the left shoulder but with almost normal range of motion. She had MRI, CT of left shoulder and electrodiagnostic testing of upper extremities. She was diagnosed with right carpal tunnel syndrome, bilateral de Quervain's condition, and partial tear of left supraspinatus. She had left shoulder surgery on 1/16/14. Her medication included Ibuprofen. There was no documentation of physical therapy. The request is for the purchase of a home exercise kit for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME: Home Exercise Kit for the Right Wrist Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request is considered not medically necessary. According to MTUS Chronic Pain Medical Treatment Guidelines, a home exercise program is recommended after a

supervised physical therapy sessions in which patients are evaluated and taught which exercises to continue at home. There is no documentation in this limited chart of any physical therapy for the wrists. A supervised physical therapy evaluation is warranted. Therefore, the purchase of a home exercise is not medically necessary.