

Case Number:	CM14-0061871		
Date Assigned:	07/09/2014	Date of Injury:	07/29/2013
Decision Date:	09/12/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/02/2014

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 Nevada. 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 47 year-old female who was reportedly injured on 7/29/2013. The mechanism of injury is not listed. The most recent progress note, dated 5/20/2014. Indicates that there are ongoing complaints of right shoulder, elbow and wrist. The physical examination is handwritten and only partially legible. Right shoulder possible impingement possible cross arm test. Right elbow positive tenderness to palpation lateral epicondyle. Right wrist positive Tinnel's and Phalen's. No recent diagnostic studies are available for review. Previous treatment includes medications, and conservative treatment. A request was made for home exercise kit for the shoulder, elbow, wrist, paraffin Bath unit and functional capacity about, and was not certified in the pre-authorization process on 4/2/2014.

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 Shoulder: 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), 11th edition (Web) 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic). Exercises. Updated 8/17/2014.

Decision rationale: Official Disability Guidelines recommend therapeutic exercises, including strengthening, just start as soon as it can be done without aggravating symptoms. Exercise was demonstrated to be effective in terms of short-term recovery in rotator cuff disease, and longer-term benefit with respect to function. Combining mobilization with exercise resulted in additional benefit when compared exercise alone for rotator cuff disease. When compared to exercises, ultrasound is of no benefit over and above exercise alone. Supervised exercise regimen is a benefit in the short-term and long-term for mixed shoulder disorders and rotator cuff disease. After review the guidelines there is no specific need for equipment, or home exercise Kit. After review the medical records provided the treating physician did not state what equipment is in the requested exercise Kit, and what benefits it would provide the patient. Therefore this request is deemed not medically necessary.

Home Exercise Kit for Elbow/Wrist: 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), 11th edition (Web) 2014.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic). Exercise. Updated 5/15/2014.

Decision rationale: Official Disability Guidelines do recommend exercise for patients who are diagnosed with lateral epicondylitis and other disorders of the elbow that can be treated conservatively with activity modification, exercise, including muscle strengthening, range of motion, and flexibility. With regard to type of exercise, stretching, concentric strengthening with stretching and eccentric strengthening with stretching also significant gains without significant differences with regard to pain-free grip strength. With respect to home exercise kits for the upper extremity there is no specific need for this equipment. The treating physician failed to provide documentation stating the necessity for this kit, and also what durable medical equipment is requested. Therefore this request is deemed not medically necessary.

Paraffin Bath Unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

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 (Acute & Chronic). Paraffin Wax Bath. Updated 8/8/2014.

Decision rationale: Paraffin Wax Baths are recommended as an option for arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. After review of the medical records provided the

injured worker's diagnosis is carpal tunnel syndrome. Therefore this request is deemed not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation ACOEM guidelines, 2004, 2nd edition, chapter 7, page 138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The Official Disability Guidelines details the recommendation to consider a Functional Capacity Evaluation if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical records, indicate the claimant has shoulder impingement syndrome, lateral epicondylitis of the elbow, and findings consistent with carpal tunnel syndrome of the wrist. There is no documented failure return to work, or work related activities. As such, the guideline criteria has not been met and this request is not considered medically necessary.