

Case Number:	CM14-0069590		
Date Assigned:	07/14/2014	Date of Injury:	08/31/2012
Decision Date:	10/03/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/14/2014

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 Internal Medicine 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:

The injured worker is a 60-year-old female who sustained an injury to her right hand/wrist on 08/31/12 while mopping at work; she forcefully pressed down on the handle to ring out the mop when the handle slipped. Treatment to date has included medications, work restrictions, activity modifications, bracing and physical therapy times 16 visits. MRI of the right wrist without contrast dated 10 to 12 revealed mild changes of osteoarthritis and radiocarpal, intercarpal and carpo-metacarpal joints; minimal synovial effusion and radiocarpal, intercarpal and carpo-metacarpal joints; mild subcutaneous edema around the wrist joint; partial tear of the triangular fibrocartilage complex. Physical examination noted right wrist flexion 20/60, dorsiflexion 10/60, radial deviation 10/20 and ulnar deviation 15/30; full opposability between the thumb and all other digits with noted discomfort.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit for Hand/Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise Page(s): 46.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online version, Durable Medical Equipment.

Decision rationale: The request for home exercise kit for the right hand/wrist is not medically necessary. Previous request was denied on the basis that in this case, the request was not reasonable as it is not clear why specialized equipment is needed or why the injured worker is incapable of performing home exercises. The ODG states that durable medical equipment is defined as equipment that can withstand repeated use, i.e., could normally be rented and used by successive patients, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness/injury and is appropriate for use in the injured worker's home. Given this, the request for home exercise kit for the right hand/wrist is not indicated as medically necessary.