

Case Number:	CM14-0074434		
Date Assigned:	07/16/2014	Date of Injury:	11/07/2013
Decision Date:	09/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 48-year-old female who reported an injury on 11/07/2013. The mechanism of injury was not provided. On 03/25/2014, the injured worker presented with cumulative trauma on the bilateral shoulders. An MRI of the right wrist dated 03/11/2014 noted tendinopathy of the extensor pollicis longus, extensor carpi ulnaris tendon. Diagnoses were cumulative trauma sustaining bilateral lateral epicondylitis, tendinopathy and bursitis in the bilateral shoulders right greater than left, and de Quervain's tenosynovitis in the bilateral wrists. Prior treatments were not provided. The provider recommended a wrist rehabilitation kit; the provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist rehabilitation kit.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Exercise.

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

Decision rationale: The request for wrist rehabilitation kit is not medically necessary. The California MTUS states exercise is recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. As the guidelines do not recommend any particular exercise regimen over another exercise or therapeutic regimen, a wrist rehabilitation kit would not be supported. There is a lack of documentation on the provider's rationale for a wrist rehabilitation kit. Additionally, the provider does not indicate what is included or the contents of the requested rehabilitation kit. As such, the medical necessity has not been established.