

Case Number:	CM14-0076522		
Date Assigned:	07/18/2014	Date of Injury:	04/11/2011
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/27/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 55-year-old male who reported an injury on 04/11/2011 due to cumulative trauma. Diagnosis was severe bilateral carpal tunnel syndrome. Past treatment was wrist braces. Diagnostic studies were x-rays, CT scan, and EMG. Surgical history was not reported. Physical examination on 01/29/2014 revealed complaints of constant, aching and sharp pain and cramping in both hands and wrists. The injured worker complained of swelling of both hands and wrists. The pain increased when grabbing things. The pain was rated at a 10 on a scale of 1/10. Range of motion for bilateral wrists was normal. Sensory examination was a grade 3 with decreased sensation on the median nerve distribution below the mid forearms, bilaterally. Muscle strength was normal. Phalen's test was positive on the right and the left. Tinel's sign for the elbow was negative on the right and the left. Tinel's sign on the wrist was positive on the right and left. Medications were not reported. Treatment plan was for surgery for carpal tunnel release bilaterally. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME Hand exercise kit: 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 (ODG) Knee, Durable Medical Equipment.

Decision rationale: The request for DME hand exercise kit is non-certified. The Official Disability Guidelines for DME hand exercise kit are recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). The criteria for durable medical equipment is defined as equipment that can withstand repeated use, i.e, and could normally be rented, and used by successive patients. It is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in absence of illness or injury. It should also be appropriate for use in an injured workers home. Although, the patient meets the criteria set forth by the medical guidelines, the documents submitted for review is lacking information. There were no surgical reports submitted. The rationale for the request was not reported. Therefore, the request is non-certified.