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| Case Number: | CM14-0102143 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 07/09/2010 |
| Decision Date: | 01/02/2015 | UR Denial Date: | 06/16/2014 |
| Priority: | Standard | Application Received: | 07/02/2014 |

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for hand, finger, and wrist pain reportedly associated with an industrial injury of July 9, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; earlier finger surgery; unspecified amounts of physical therapy over the course of the claim; and apparent return to modified duty work. In a Utilization Review Report dated June 16, 2014, the claims administrator failed to approve a request for a wrist exercise kit. The applicant's attorney subsequently appealed. The exercise kit at issue was apparently sought via a July 12, 2014 Request for Authorization (RFA) form/order form, in which a hand rehab kit/wrist rehab kit, hot and cold therapy unit, interferential unit, and associated pad and wrap were sought. Preprinted checkboxes accompanied the RFA form. Little to no narrative commentary or narrative rationale was attached. A handwritten progress note of June 9, 2014 was notable for comments that the applicant was apparently working with restrictions despite ongoing complaints of wrist, hand, and finger pain. The applicant was described as having adequate range of motion despite pain complaints about the injured hand and wrist. Additional physical therapy, MRI imaging of the wrist, an interferential unit, and a 'home rehabilitation kit for the hand and wrist' were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

DME- Wrist Exercise Kit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 12 Low Back Complaints Page(s): 48, 83, 309, Chronic Pain Treatment Guidelines Exercise Topic Page(s): 46-47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 83, to achieve functional recovery, applicants must assume certain responsibilities, one of which includes adhering to and maintaining exercise regimens. The exercise kit at issue, by implication, is, per ACOEM, an article of applicant responsibility as opposed to an article of payor responsibility. Similarly, the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also notes that back-specific exercise machines, an article essentially analogous to the wrist exercise kit at issue, are deemed "not recommended." Furthermore, pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines notes that there is no recommendation in favor of any one particular form of exercise over another and, by implication, no explicit support for the wrist exercise kit at issue. Finally, the MTUS Guideline in ACOEM Chapter 3, page 48 also notes that a prescription for physical therapy or, by implication, the exercise kit at issue here, should "clearly state treatment goals." Here, the handwritten RFA form employed preprinted checkboxes and contain little-to-no narrative commentary. A progress note of the same date was likewise sparse, did not outline a clear or compelling basis for the wrist exercise kit at issue. The admittedly limited information on file suggested that the applicant had already returned to work with restrictions in place and was tolerating work activities appropriately, despite ongoing wrist, hand, and finger complaints. All of the foregoing, taken together, would seemingly suggest that the applicant was/is, thus, likewise capable of transitioning to self-directed home physical medicine without the wrist exercise kit at issue. Therefore, the request is not medically necessary.