

Case Number:	CM14-0144136		
Date Assigned:	09/12/2014	Date of Injury:	11/01/2012
Decision Date:	04/22/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed claim for chronic thumb, hand, wrist, and elbow pain with derivative complaints of anxiety, insomnia, and depression, reportedly associated with an industrial injury of November 11, 2012. In a Utilization Review Report dated August 11, 2014, the claims administrator failed to approve a request for hand and wrist home exercise rehabilitation kit. The applicant's attorney subsequently appealed. The article in question was apparently endorsed via a handwritten RFA form dated June 5, 2014. It was suggested that the applicant had sustained a first digit amputation. A hand rehabilitation kit was apparently endorsed, along with a paraffin wax kit. The RFA form was somewhat blurred as a result of repetitive photocopying and faxing. In an associated progress note of the same date, June 5, 2014, the applicant reported issues with thumb pain status post earlier arthrodesis at the level of the IP joint. The attending provider contended that the applicant had various mental health issues associated with his thumb injury. The applicant had residual hypersensitivity about the stump present. The applicant was placed off work, on total temporary disability, in the interim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Hand/Wrist Home Exercise Rehab Kit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 46-47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: Yes, the request for a hand/wrist home exercise rehabilitation kit was medically necessary, medically appropriate, and indicated here. As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. Here, the applicant sustained a major injury, in the form of partial amputation of the thumb. The applicant subsequently underwent arthrodesis of the stump. The applicant had residual issues with hypersensitivity present about the same, on or around the date of the request, June 5, 2014. Given the magnitude of applicant's impairment, provision of a rehabilitation kit was indicated to facilitate the applicant's performance of home exercises. Therefore, the request was medically necessary.