

Case Number:	CM14-0187760		
Date Assigned:	11/18/2014	Date of Injury:	11/27/2011
Decision Date:	02/05/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/11/2014

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 New York. 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 patient is a 61 year old male with a date of injury of 06/04/2013. He tripped and fell and sustained a left wrist fracture. This was his last day of work. His wrist was placed in a cast. He has a long history of neck, back and knee complaints prior to the 06/04/2013 injury. The operative report on 07/27/2013 revealed that he had a left wrist arthroscopic debridement and synovectomy. Prior to the surgery an MRI suggested a tear of the triangular fibrocartilage but this was not present at surgery. This was suggested again on a left wrist MRI on 03/25/2014. The left wrist dynamic MRI showed not left wrist abnormality on flexion/extension views. He had a previous left hand injury in 2012. On 03/03/2014 he had bilateral motor and sensory neuropathy at the wrist. On 06/04/2014 he had an orthopedic evaluation. He complained of decreased left hand grip strength. He pain/stiffness with limited left wrist range of motion. On 06/11/2014 he had an x-ray that revealed a left wrist healed fracture. There was no narrowing of the radiocarpal joint. On 10/22/2014 he had pain and decreased left wrist range of motion. Left wrist flexion was 45 degrees and extension was 20 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for purchase of Rehab Kit (DOS: 09/08/2014) for the left wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Gym memberships

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-279. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition (2013)

Decision rationale: A rehab kit for a wrist fracture that healed is not included in ACOEM, Chapter 11 for forearm, wrist and hand injuries. Also, the rehab kit is for a wrist injury that occurred 15 month prior to the request for the kit. This case is complicated because of a prior left hand injury but there is no objective documentation that the use of the left wrist rehab kit would improve the long term health outcome of the left wrist fracture that has already healed. Therefore, the request is not medically necessary.