

<b>Case Number:</b>	CM14-0194116		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/27/2008
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	11/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2014

### 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 Geriatrics 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 injured worker is a 57 year old woman with a date of injury of 10/27/08. The most recent medical documentation in the records is from 7/29/10 when she was evaluated during a physical medicine and rehabilitation consult. She complained of bilateral wrist pain with radiation to both elbows and neck and associated with paresthesias and neuralgia. Her medications included tramadol and Trazodone. Her diagnoses were cervical spine strain/sprain, bilateral carpal tunnel syndrome and chronic pain syndrome. She underwent EMG/NCV which showed evidence of mild bilateral median and ulnar nerve sensory neuropathy without evidence of axonal damage or cervical radiculopathy. At issue in this review is the request for purchase of Exercise "Kit" Equipment times two (2) DOS: 8/5/10 for the bilateral wrists/cervical spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: purchase of Exercise Equipment times two (2) DOS: 8/5/10 for the bilateral wrists/cervical spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Forearm, Wrist & Hand Chapter; regarding purchase of exercise program /exercise equipment

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 253-285.

**Decision rationale:** This 59 year old injured worker has a history of chronic pain with mild median and ulnar nerve sensory neuropathy on EMG/NCV. The medical records do not substantiate the degree of functional impairment of the injured worker or the goals with regards to an exercise program to justify the medical necessity of the purchase of Exercise Equipment times two (2) DOS: 8/5/10 for the bilateral wrists/cervical spine. The request is not medically necessary.