

Case Number:	CM14-0207790		
Date Assigned:	12/19/2014	Date of Injury:	05/10/2011
Decision Date:	02/17/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/11/2014

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 Occupational Medicine and 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 chronic wrist and hand pain reportedly associated with an industrial injury of May 10, 2011. In a November 12, 2014 Utilization Review Report, the claims administrator denied a request for a home exercise kit reportedly dispensed on August 9, 2011. The applicant's attorney subsequently appealed. The sole progress note on file was a July 24, 2011 electrodiagnostic testing report suggestive of right-sided carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective home exercise kit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 83, 264, 309.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, Table 11-4, page 264 does acknowledge that hand and wrist exercises are "recommended" for range of motion and strengthening purposes, the MTUS Guideline in ACOEM Chapter 5, page 83 takes the position

that applicants must assume certain responsibilities to achieve functional recovery, one of which includes maintaining and adhering to exercise regimens. By implication, ACOEM takes the position that home exercises and the like are matters of applicant responsibility as opposed to matters of payer responsibility. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 309 also states that back-specific exercise machines are deemed "not recommended." By implication, the home exercise kit at issue here was likewise not recommended. It is further noted that neither the applicant's attorney nor the claims administrator included any clinical progress in the Independent Medical Review packet, including the August 19, 2011 office visit in which the article in question was apparently dispensed. The information on file, thus, did not furnish any compelling applicant-specific rationale which would counter the unfavorable ACOEM positions on the article at issue. Therefore, the request was not medically necessary.