

Case Number:	CM15-0133191		
Date Assigned:	07/21/2015	Date of Injury:	04/28/2014
Decision Date:	08/17/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 55-year-old female who sustained an industrial injury on 4/28/14. She had complaints of right hand/wrist pain. Progress report dated 6/5/15 reports continued right hand/wrist discomfort. Right wrist pain is unchanged is frequent and moderate. Diagnosis: right triangular fibrocartilage complex tear, wrist, traumatic. Plan of care includes: continue medications and care will be transferred to another treating physician. Work status: to be assessed by next treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder: Home exercise kits.

Decision rationale: MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, ODG only has sections on home

exercise kits related to shoulders and other body parts such as knees but information and criteria can be extrapolated for patient's hand/wrist issue. Home exercise kits tend to have various resistance items that allow for aiding in exercise. As per ODG, they are relatively cost effective and are generally recommended. Patient has noted weakness and pain in the affected hand. A home exercise kit is medically necessary.