

<b>Case Number:</b>	CM15-0134044		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	07/25/2012
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 49 year old female, who sustained an industrial injury on July 25, 2012. She reported intermittent, moderate, tingling, and burning in the bilateral hands and wrists, and pain and numbness in the right upper shoulder. She was initially diagnosed with sprain of the bilateral wrists. Treatment to date has included EMG-NCV of the bilateral upper extremities, medications, cold pack, six physical therapy sessions, wrist brace and work modifications. Currently, the injured worker complains of numbness and tingling of the right hand. On physical examination the injured worker had a positive Tinel's sign. The diagnoses associated with the request include other right wrist extensor tenosynovitis, lateral epicondylitis of the elbow and right ulnar neuritis. The treatment plan includes elbow rehab kit, wrist rehab kit and right wrist support.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Elbow Rehab Kit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** There are no MTUS guidelines for rehab kits. Records do not indicate what is included in this kit. An internet search found theraband kits which included thera-band equipment, biofreeze, and comprehensive DVD. The request for Biofreeze is not medically necessary. There is no documentation of why Biofreeze would be beneficial for patient. According to MTUS, the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety." The active ingredient is menthol for which there are no guidelines for use. If one part of the kit is not medically necessary, then the whole kit is considered not medically necessary.

**Wrist Rehab Kit for purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

**Decision rationale:** There are no MTUS guidelines for rehab kits. Records do not indicate what is included in this kit. An internet search found theraband kits which included thera-band equipment, biofreeze, and comprehensive DVD. The request for Biofreeze is not medically necessary. There is no documentation of why Biofreeze would be beneficial for patient. According to MTUS, the use of topical analgesics is "largely experimental in use with few randomized controlled trials to determine efficacy or safety." The active ingredient is menthol for which there are no guidelines for use. If one part of the kit is not medically necessary, then the whole kit is considered not medically necessary.