

Case Number:	CM15-0163727		
Date Assigned:	08/31/2015	Date of Injury:	05/09/2006
Decision Date:	10/09/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41 year old female who sustained an industrial injury on 5-9-06. Treatments include: medication, physical therapy, home exercise program, and surgery. Progress report dated 7-16-15 reports continued complaints of persistent right elbow and forearm pain described as sharp and stabbing. The pain is aggravated by extending and flexing the elbow, lifting, pulling, pushing and throwing. She also reports pain and weakness in the right wrist and hand region. She has difficulty with fine hand and wrist movements and prolonged data entry or computer use. Diagnoses include: lesion of ulnar nerve and status post transportation of nerve. Plan of care includes: submit authorization for home exercise kit for the right hand and wrist region, continue lycrica and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit for Right Hand and Wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Forearm, Wrist, & Hand.

Decision rationale: The claimant has a remote history of a work injury occurring in May 2006 and underwent a right ulnar nerve transposition in February 2013. When seen, she was having persistent pain. She was also having right wrist and hand pain. She was having difficulty tolerating activities. She was having occasional paresthesias. Physical examination findings included healed surgical incisions with keloid formation. There was decreased right upper extremity strength and sensation. There was elbow tenderness. Lyrica was prescribed and a home exercise program was recommended including a home exercise kit for the hand and wrist. In this case, the claimant has already had post-operative physical therapy and a continued home exercise program is being recommended. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected and could include use of TheraBands, Theraputty, and self-applied modalities. However, in this case, the contents of the requested exercise kit are unknown. The request submitted is not medically necessary.