

Case Number:	CM15-0020723		
Date Assigned:	02/10/2015	Date of Injury:	04/04/2014
Decision Date:	03/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/04/2015

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: 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 33 year old female with an industrial injury dated 04/04/2014. The mechanism of injury is documented as occurring while she was operating a saw. She sustained a laceration to her right hand. She had surgery on 04/09/2014. On 12/29/2014 physical exam noted decreased grip of the right hand at 8 kg and left at 26 kg. She complained of pain in the entire right upper extremity when gripping. There was also diffuse tenderness throughout the neck and upper back. There was full passive range of motion of both wrists. Active range of motion on the right was markedly limited. Grind and Finkelstein's test were negative bilaterally. On the right the injured worker made a great effort to move the fingers but according to provider there was virtually no motion of the fingers on the right. X-rays of both hands were done on the above date and showed no fracture. In comparing the right to the left hand there is no evidence of osteoporosis which would be consistent with reflex dystrophy or disuse. Prior treatments include physical therapy, acupuncture, trigger point injections, psychiatric consult and medications. Sagittal band repair right long finger was done on 04/14/2014. On 01/16/2015 utilization review non-certified the request for home exercise kit x 1 (evaluation for the right hand). MTUS - Chronic Pain Medical Treatment Guidelines - Physical Medicine and ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit x1 evaluation for the right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 338, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines Home exercise program

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation ODG, Forearm, Wrist, and Hand Chapter, Physical Therapy

Decision rationale: The patient has had 18 sessions of physical therapy to the right forearm and wrist with 60% documented improvement in function. The treating provider has the intention of transitioning the patient to a home based exercise program. The ordering provider requested a home exercise kit with Thera-Putty, medicine ball, exercise bands, towel, and travel bag. Though Official Disability Guidelines do encourage a home exercise program, there is no specific guideline recommendations regarding home exercise kit. There is also no reason the patient cannot use common household objects to complete home exercise program, or any statement by the provider that explains why specialized equipment is medically necessary in this case. Therefore, this request is not medically necessary.