MAXIMUS Federal Services

Case Number:	CM15-0025067		
Date Assigned:	02/17/2015	Date of Injury:	08/20/2008
Decision Date:	03/27/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/10/2015

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: North Carolina
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 57 year old female, who sustained an industrial injury on 8/20/08. On 2/10/15, the injured worker submitted an application for IMR for review of Retrospective heat/cold unit, and hand/wrist home exercise rehab kit and Shoulder home exercise rehab kit. The treating provider has reported the injured worker complained of pain in right thumb, wrist, hand and neck. The diagnoses have included cumulative trauma to neck, bilateral shoulders, right thumb, bilateral wrist and hand, left shoulder impingement syndrome, status post right shoulder rotator cuff repair (2012), left hand thumb carpometacarpal phalangeal joint osteoarthritis, status post right wrist ganglion excision (2008), carpal tunnel release (2010), status post interposition graft carpometacarpal phalangeal joint, right thumb (2013), right wrist carpal tunnel syndrome. Treatment to date has included chest x-ray (9/10/14), left shoulder MRI scan (5/15/14). On 1/20/15 Utilization Review non-certified Retrospective heat/cold unit, and hand/wrist home exercise rehab kit, and Shoulder home exercise rehab kit. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective heat/cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, cryotherapy

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ACOEM does recommend the at home local application of cold packs the first few days after injury and thereafter the application of heat packs. The Official Disability Guidelines section on cryotherapy states: Recommended as an option after surgery but not for nonsurgical treatment. There is no documentation on why at home cold and hot packs would not suffice for the treatment of this patient. There is mention of planned surgery but no documentation of the surgery. The patient is not acutely post surgery. There is also no indication for DVT prophylaxis. Therefore the request is not certified.

hand/wrist home exercise rehab kit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Shoulder

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

Decision rationale: The California chronic pain medical treatment guidelines section on home exercise states: Recommended. There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) The California MTUS does recommend home exercise in the treatment of chronic pain. There is no evidence however to recommend one specific exercise program. There is no indication in the provided documentation why the patient would need these specific items in a home exercise program versus self-directed exercise as prescribed from a physician. Therefore the request is not certified.

Shoulder home exercise rehab kit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines exercise Page(s): 46-47.

Decision rationale: The California chronic pain medical treatment guidelines section on home exercise states: Recommended. There is strong evidence that exercise programs, including

aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime. (State, 2002) (Airaksinen, 2006) The California MTUS does recommend home exercise in the treatment of chronic pain. There is no evidence however to recommend one specific exercise program. There is no indication in the provided documentation why the patient would need these specific items in a home exercise program versus self-directed exercise as prescribed from a physician. Therefore the request is not certified.