

Case Number:	CM13-0041371		
Date Assigned:	12/20/2013	Date of Injury:	10/25/2010
Decision Date:	01/31/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/14/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified Occupational Medicine and is licensed to practice in Maryland, California, Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic elbow and wrist pain with derivative depression reportedly associated with an industrial injury of October 25, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; an MRI of the wrist without contrast of October 5, 2012, interpreted as negative; left carpal tunnel release surgery; left de Quervain's release surgery; and extensive periods of time off of work. In a utilization review report of October 1, 2013, the claims administrator denied a request for a home exercise kit. The applicant's attorney later appealed. A clinical progress note of July 1, 2013 is notable for comments that the applicant underwent recent right hand surgery. She apparently had a flare-up of pain. Diminished right hand grip strength is noted with a well-healed scar and good range of motion. The applicant is asked to remain off of work, on total temporary disability. A later note of August 12, 2013 is also notable for comments that the applicant is now filing for disability through the [REDACTED]. Right hand grip strength is diminished compared to the left hand. A home exercise kit is sought while the applicant remains off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home Exercise Kit between 9/27/13 and 11/11/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Guidelines - Treatment for Workers Compensation, Online Edition Chapter: Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 46.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in chapter 5, adhering to and maintaining exercise regimens are considered matters of applicant responsibility as opposed to matters of medical necessity. It is further noted that pages 46 and 47 of the MTUS Chronic Pain Medical Treatment Guidelines do not specifically endorse any one form of exercise over another. In this case, the attending provider has not clearly stated why the applicant cannot adhere to and/or maintain home exercise program of her own accord without the proposed home exercise kit. The attending provider has not, furthermore, stated what precisely the home exercise kit comprises of and/or what purpose it would serve here. For all of these reasons, then, the request is not certified.