

Case Number:	CM14-0138142		
Date Assigned:	09/05/2014	Date of Injury:	07/05/2013
Decision Date:	11/25/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in 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 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/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:

This case involves a 54 year old male who sustained a work injury on 7-5-13. On this date, he fell while climbing scaffolding. He sustained a left humerus fracture, left shoulder impingement, cervical strain/sprain, left wrist fracture, left elbow strain, lateral epicondylitis, left carpal tunnel syndrome and upper back pain. The injured worker is status post ORIF for the left humerus. He has been treated with physical therapy and chiropractic therapy. The office visit dated 7-8-14 notes the injured worker has significantly less pain. He has moderate pain in the upper arm. There was no pain to the left hand, wrist or elbow. The pain is well controlled with medications. On exam, upper extremity strength is 2+/5 shoulder range of motion was restricted with positive impingement sign. Elbow exam showed decreased range of motion and positive cubital tunnel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left wrist/hand 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 (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand wrist and forearm chapter - exercises.

Decision rationale: Official Disability Guidelines (ODG) recommends specific hand and wrist exercises for range of motion and strengthening. The patients should be advised to do early passive range-of-motion exercises at home. Instruction in proper exercise technique is important, and a few visits to a good physical therapy provider can serve to educate the patient about an effective exercise program. The patients' at-home applications of heat or cold packs may be used before or after exercises and are as effective as those performed by a therapist. Stretching exercises as recommended by AAOS have positive, limited evidence. There is an absence in documentation noting that the injured worker requires a specific exercise kit to perform exercises for the wrist. Additionally, the rehab kit requested is nonspecific. Therefore, this request is not medically necessary.