

Case Number:	CM15-0124215		
Date Assigned:	07/08/2015	Date of Injury:	05/15/2013
Decision Date:	08/05/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/29/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 52 year-old female who sustained an industrial injury on 06/15/13. She reported right upper extremity pain. Initial diagnoses included right shoulder impingement syndrome, and right carpal tunnel syndrome. Treatments included Right shoulder arthroscopy with subacromial decompression, and injection of cortisone to the right carpal tunnel. Currently, the injured worker complains of worsening pain in her right wrist, right shoulder, both elbows, with numbness and tingling in the fingers. Treatments to date include physical therapy, and pain medication management. Diagnostic tests include EMG/NCV, and MRI of the right shoulder, right elbow, and right wrist. Current diagnoses include bilateral lateral epicondylitis, especially the right elbow with sprain/strain, subchondral cyst of the right wrist and hand, right shoulder supraspinatus/infraspinatus tendonitis with subacromial bursitis, right wrist tenosynovitis and bursitis, status post cervical disc syndrome without myelopathy, status post lumbar disc syndrome without myelopathy, and right wrist nonunion ulnar styloid fracture with avascular necrosis, effusion, and subchondral cyst. Physical examination was significant for decreased range of motion in the right wrist, hand, and fingers with decreased grip strength. The injured worker developed nonunion ulnar styloid fracture with avascular necrosis and has gotten worse. Plan of care and request for treatments include orthopedic consultation, bilateral wrist brace, continue physical therapy, and home therapy kit for the right wrist and hand. The injured worker is on work restrictions and is currently laid-off. Date of Utilization Review: 06/10/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Home therapy kit for the right wrist and hand: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Exercises.

Decision rationale: MTUS does not specifically refer to home exercise kits, but does state "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices." ODG states, "Recommend specific hand and wrist exercises for range of motion and strengthening. 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. 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. (Various) (Handoll-Cochrane, 2002) (Handoll, 2006) There is limited evidence that nerve and tendon gliding exercises and wrist splinting result in superior static two-point discrimination compared to wrist splinting alone in the medium-term. Limited evidence suggests that exercise plus wrist splinting and wrist splinting alone provide similar improvement in symptoms, hand function, grip strength, pinch strength, Phalen's sign, Tinel's sign and patient satisfaction. (O'Conner-Cochrane, 2003) Hand exercises might have some effect on arthritis pain, but the evidence is not strong, according to a new systematic review. Some weak studies suggest that patients should do repetitions of different exercises to increase both joint mobility and grip strength for a minimum of 20 minutes three times a week. Due to the risk of developing deformities in the thumb base joint, patients should probably avoid excessive exercises to improve pinch strength, and include exercises to strengthen the muscles involved in opening the hand to be able to grip larger objects. (Kjeken, 2011)". There is no clear and specific medical indication for the kit as it is written. Although exercise is recommended by guidelines, the patient has been attending physical therapy and should be able to transition to a home exercise program. As such, the request for Home therapy kit for the right wrist and hand is not medically necessary.