

Case Number:	CM15-0025903		
Date Assigned:	02/18/2015	Date of Injury:	12/17/2012
Decision Date:	04/02/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 12/17/2012. The diagnoses have included other post-procedural status. Treatment to date has included surgical intervention (right lateral epicondylar release, date not specified) and conservative measures. Currently, the injured worker complains of pain, associated with range of motion, to the right wrist, elbow, and shoulder. The PR2, dated 12/15/2014, noted diagnoses of right upper extremity with triangular fibrocartilage complex (TFCC) tear, positive magnetic resonance imaging, right elbow tendinitis, and right shoulder tendinitis. His grip strength was right 18, left 118. Range of motion to the right shoulder was 100 degrees for flexion and abduction. Provocative testing was positive in the elbow. The PR2 report, dated 11/20/2014, noted exam of the right wrist as showing tenderness to palpation, positive Phalen's, and positive Finkelstein's. On 1/12/2015, Utilization Review non-certified a request for purchase of a wrist exercise kit, noting the lack of compliance with ACOEM Guidelines (Forearm, Wrist, and Hand Complaints).

IMR ISSUES, DECISIONS AND RATIONALES

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

Wrist Exercise Kit - Purchase: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

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

Decision rationale: The patient presents with pain associated with range of motion in his wrist, elbow and shoulder. The current request is for wrist exercise kit - purchase. Review of the UR report shows that the physician is asking for wrist exercise kit for purchase. Unfortunately, no medical records documenting this request were submitted. While exercise is recommended in MTUS, ACOEM, and ODG guidelines, the current request for "wrist exercise kit" does not delineate what is included in the "kit." Without knowing what the "kit" is for, one cannot make a recommendation regarding its appropriateness based on the guidelines. Medical records were not provided that contained discussion regarding what exercises are to be performed and what kind of monitoring will be done. The current request is not medically necessary and the recommendation is for denial.