

Case Number:	CM15-0027938		
Date Assigned:	02/20/2015	Date of Injury:	04/07/2005
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 April 7, 2005. She has reported injury to bilateral wrist and hands and has been diagnosed with right basal joint degenerative traumatic arthritis, right de Quervains disease, right little finger mild and early constrictive tenosynovitis with possible small ganglion cyst, right carpal tunnel neuritis median nerve, and left basal joint degenerative traumatic arthritis, left de Quervains disease, left carpal tunnel neuritis median nerve, status post right exc Tm, basal joint arthroplasty + FCR release 1 st comp extensor tenosynovectomy, status post MCP 1,2,3,4,5 IP-1, PIP 2,3,4,5 wrist capsulotomy and manipulation, and status post left basal joint interpositional arthroplasty, excision T, release first dorsal compartment. Treatment has included surgery, injections, and occupational therapy. The injured worker complains of pain in the left hand, swelling of the left hand, wrist and thumb, and stiffness of all the left fingers and thumb. The treatment plan included occupational therapy and cortisone injections. On January 26, 2015 Utilization Review non-certified a home exercise kit for the left hand and shipping citing the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Home Exercise Kit for the Left Hand and Shipping DOS: 08/07/2014:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Exercise. Decision based on Non-MTUS Citation Evidence Citations for Home Exercise Kit; Title 8 Industrial Relations Division 1 Department of Industrial Relations Chapter 4.5.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

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." According to the most recent hand surgeon's notes, the patient is doing well with physical therapy and minimal splinting. The medical records fail to demonstrate the need for a specific exercise kit for the left hand. As such, the request for Exercise kit for left hand and shipping is not medically necessary.