

<b>Case Number:</b>	CM15-0065484		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 28 year old female who sustained an industrial injury on 04/01/13. Initial complaints and diagnoses are not available. Treatments to date include right wrist and elbow surgery, hand therapy, bilateral wrist braces, and medications. Diagnostic studies are not addressed. Current complaints include constant bilateral upper extremity symptoms. Current diagnoses include bilateral de Quervain's and wrist extensor and flexor tendinitis, and chronic bilateral lateral epicondylitis/extensor origin tendinopathy. In a progress note dated 03/09/15 the treating provider reports the plan of care as physical therapy, bilateral elbow braces, DigiFlex, and hand therapy. The requested treatment is a DigiFlex exercise/rehab system.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DigiFlex Exercise / Rehabilitation System:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 46-47 of 127. Decision based on

Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Chapter, Exercises.

**Decision rationale:** Regarding the request for DigiFlex Exercise / Rehabilitation System, Occupational Medicine Practice Guidelines support the use of aerobic activity to avoid deconditioning. ODG states that exercise is recommended. They go on to state that there is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. Guidelines do not support the need for additional exercise equipment, unless there is documentation of failure of an independent exercise program without equipment, despite physician oversight and modification. Within the documentation available for review, there is no indication that the patient has failed an independent program of home exercise without equipment. In the absence of such documentation, the currently requested DigiFlex Exercise / Rehabilitation System is not medically necessary.