

Case Number:	CM15-0093034		
Date Assigned:	05/19/2015	Date of Injury:	03/22/2009
Decision Date:	06/29/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/14/2015

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: Preventive Medicine, Occupational 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 (IW) is a 55-year-old male who sustained an industrial injury on 03/22/2009. Diagnoses include causalgia of upper limb, disorders of bursae and tendons in the shoulder region-unspecified, displacement of cervical intervertebral disc without myelopathy, degeneration of cervical intervertebral disc, brachial neuritis or radiculitis NOS and myalgia and myositis-unspecified. Treatment to date has included medications and left carpal tunnel surgery. He has also seen a psychiatrist. MRIs of the cervical spine have been performed. According to the progress notes dated 4/8/15, the IW reported continued, unbearable pain in the bilateral hands and wrists rated 10/10. On examination, there was swelling and decreased range of motion in the bilateral wrists with associated reduction in grip strength. Tinel's and Phalen's signs were positive bilaterally. The provider reported the IW's condition has worsened over the last six months. The IW's last urine drug screen was out of compliance with the medication agreement. A request was made for a home exercise kit (bilateral wrists).

IMR ISSUES, DECISIONS AND RATIONALES

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

Home exercise kit (Bilateral wrists): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Clinical UM Guideline, Durable Medical Equipment, Guideline #: CG-DME-10, Last Review Date: 02/13/2014.

Decision rationale: The MTUS and the Official Disability Guidelines are silent on this issue. According to the Blue Cross Clinical UM Guideline, health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a doctor are not medically necessary. The request for a home exercise kit (Bilateral wrists) is not medically necessary.