

Case Number:	CM13-0021812		
Date Assigned:	11/13/2013	Date of Injury:	10/29/2010
Decision Date:	02/03/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	09/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70-year-old female who reported a work-related injury on 10/29/2010 due to a fall. The patient underwent open reduction and internal fixation to right distal radius fracture. She subsequently experienced a heart attack and a collapsed left lung. The patient received in-home nursing care and physical therapy sessions. The patient has also received psychiatric/psychological treatments. A request was made for retrospective hand muscle testing and toxicology testing

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective-Hand Muscle Testing: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Medical Fee Schedule (OMFS, E&M code section) and ODG. (Official Disability Guidelines)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, and Flexibility.

Decision rationale: Recent clinical documentation stated the patient complained of intermittent severe pain in her right wrist. Tenderness was noted with range of motion of right upper

extremity with a negative Tinel's sign and negative Phalen's test. The patient was noted to have grip strength testing which revealed grip strength to the right hand was 1/1/1 kg and left hand was 2/2/2 kg. Official Disability Guidelines indicate that flexibility is not recommended as primary criteria, but should be a part of routine musculoskeletal evaluation. Guidelines state that an inclinometer is the preferred device for obtaining accurate and reproducible measurements in simple, practical and inexpensive way. Computerized measures of lumbar spine range of motion are not recommended, and where the result is of unclear therapeutic value. There was no rationale noted for hand muscle testing of the patient. It was not noted how the grip strength testing of the patient would influence the diagnosis or treatment plan. Given the above, the request for retrospective - hand muscle testing is non-certified.

for Retrospective-Toxicology Testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG. (Official Disability Guidelines).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient was given a urine toxicology test on 06/20/2013 which revealed negative findings for the drugs tested. There was a lack of documentation submitted noting the patient's current medications. California Chronic Pain Medical Treatment Guidelines indicate that urine drug testing is recommended as an option to assess for the use or the presence of illegal drugs. Guidelines support random urine drug testing for opiates/narcotics in patients being treated for chronic pain taking opiates chronically and who have undergone an opiate pain treatment agreement. There was no documentation submitted stating the patient was taking opiates and no mention of when the patient had last undergone a urine drug screen. There was no documentation stating the patient was at risk of addiction or was noted to have drug seeking or aberrant behaviors. Official Disability Guidelines indicate for patients at low risk of addiction/aberrant behavior that urine drug testing should be done within 6 months of initiation of therapy and on a yearly basis thereafter. In addition, Guidelines indicate there is no reason to perform confirmatory testing unless the test was inappropriate or there were unexpected results. As such, the request for retrospective - toxicology testing is non-certified.