

Case Number:	CM13-0027516		
Date Assigned:	12/11/2013	Date of Injury:	09/13/2011
Decision Date:	01/27/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/23/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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:

This patient is a 46-year-old male who reported an injury on 09/13/2011. Under consideration is a request for 1 hand and wrist functional test. The documentation submitted for review indicates that this patient presents with continued forearm pain which is somewhat increased. Notes indicate that this patient has been using light weights to do exercises which were taught to the patient in physical therapy and is using his bilateral elbow braces. Notes indicate that the patient does use the brace over a painful area, with notes indicating that the patient was instructed to go a little lower in placement of the brace. On physical exam, this patient is noted to have severe tenderness along the wrist extensor just distal to the epicondyle with mild tenderness at the epicondyle. This patient has weakened grip strength and positive Cozen's sign bilaterally. ∆∆

IMR ISSUES, DECISIONS AND RATIONALES

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

hand and wrist functional test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

Decision rationale: The MTUS Chronic Pain Guidelines state "the importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate." The Guidelines suggest functional improvement measures should include self-reports of disability such as walking, driving, keyboard or lifting tolerance and the use of questionnaires and pain scales. The MTUS Chronic Pain Guidelines also recommend an approach to self-care and education aimed at a reduced reliance on other treatments, modalities, or medications. A letter of medical necessity from 06/03/2013 argued that a recent examination of the patient in addition to the patient's medical history and diagnosis demonstrate medical necessity for hand and wrist functional testing. However, the medical records provided for review indicate that the patient has undergone functional testing on multiple occasions with only minimal change in function. Based on the recommendation of the MTUS Chronic Pain Guidelines, it would be reasonable for the patient to utilize self reports to document functional status. Consequently, the request for 1 hand and wrist functional test is not medically necessary and appropriate.