

Case Number:	CM13-0028861		
Date Assigned:	11/01/2013	Date of Injury:	11/19/2009
Decision Date:	01/29/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	09/24/2013

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 Hand Surgery and is licensed to practice in Oregon. 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 59-year-old injured worker has bilateral hand and wrist pain and numbness. Evaluation in 2010 confirmed bilateral carpal tunnel syndrome and nerve conduction testing shows bilateral carpal tunnel syndrome. The patient also has diagnoses of DeQuervains tenosynovitis, shoulder impingement and left hip labral tear. Shoulder surgery is anticipated. Computerized range of motion and muscle testing was performed on 9/10/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 computerized strength and flexibility (range of motion) assessments to the bilateral wrist:
Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Lumbar & Thoracic

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to Permanent Impairment, pg. 400

Decision rationale: The MTUS/ACOEM and Official Disability Guidelines (ODG) guidelines do not address the use of computerized strength and flexibility measurements for the wrists. According to the AMA Guides to the Evaluation of Permanent Impairment, 5th Edition, "an

inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way," The records do not document any contraindication to standard goniometer measurement of ranges of motion. The request for a computerized strength and flexibility (range of motion) assessments to the bilateral wrist is not medically necessary and appropriate.