

<b>Case Number:</b>	CM13-0030204		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	06/04/2013
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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 & Rehabilitation, has a subspecialty in Interventional Spine, 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:

The patient is a 36 year old male, with a date of injury of 6/4/13. The patient was diagnosed with anxiety and Hepatitis C disease after being stabbed on his right finger with a contaminated needle. The patient complains of frequent to moderate anxiety as a result of his work incident. The request is for Range of Motion exercises of the finger. This request was denied by the Utilization Review (UR) letter from 9/9/13 with the rationale that the treater did not note any impairment in range of motion or correlated symptoms. The 6/4/13 report, by [REDACTED], is from the date of injury, which noted the patient is anxious, has faint pain in the finger and was symptomatic for 2 hours. The diagnoses are open wound of fingers, no complication; anxiety, situational; superficial injury to finger; adverse effect blood agent. Treatments were vaccination, meds and wound care. On 8/30/13, the patient was re-evaluated with subjective complaints of stress, moderate and aggravated by thinking about work. Recommendation was for psychology evaluation, temporary total disability (TTD) for 8 weeks, visual analog scale (VAS), range of motion (ROM) and quantitative functional capacity exam (QFCE) to objectively measure improvement in terms of pain, return to work and activities of daily living (ADL's). This report was by an orthopedist and included an examination. The treating physician's report 7/25/13 notes "no pain".

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of Motion exercises QTY: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Functional Improvement Measures.. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg.127,

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271, 22. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7) pg.127,

**Decision rationale:** This employee suffered a needle stick on his finger and has developed an anxiety disorder. The treating orthopedist has asked for Range of Motion exercise but does not provide any examination findings and in particular, any loss of range of motion. Review of all the provided reports from 6/4/13 to 8/30/13 by two treating physicians do not mention any range of motion losses. The employee no longer has any pain, as noted on the 7/23/13 report. The treating physician's request for ROM exercises is unclear in terms of what exercises are needed and the objectives for these exercises, much less what ROM deficiencies exist that this therapy is intended to address. ROM findings are a necessary part of a physician's evaluation and should be noted under examination findings (the ACOEM guidelines, pg. 271 provide what is recommended in a basic history, focused exam). In this employee, there is no evidence of a ROM issue. Recommendation is for denial of the request.