MAXIMUS Federal Services

Case Number:	CM13-0051086		
Date Assigned:	12/27/2013	Date of Injury:	02/19/2013
Decision Date:	04/18/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/02/2013

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. The expert 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 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/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 28 year-old male who sustained an injury on February 19, 2013 while employed by [redacted]. The request under consideration include range of motion, left wrist/hand and muscle testing, left wrist/hand. A report dated July 22, 2013 from the provider noted that the patient had complaints of left wrist pain rated as 8/10 radiating to left forearm and down hand and fingers with associated numbness and tingling. Exam of the left wrist/hand noted tenderness to palpation of the carpal bones and wrist joint; range of motion limited by pain; positive carpal Tinel's test; decreased sensation in 1st through 3rd digits. Diagnoses included left wrist/hand crush injury; left wrist/hand fracture; left forearm cramping; stress; and insomnia. Treatment plan include chiropractic care with supervised physiotherapy; acupuncture; range of motion and muscle testing; TENS unit; hot/cold pack and wrap; and Exoten-C lotion. The patient remained on same work restrictions with no use of left hand. Conservative care has included at least eight (8) chiropractic visits and eight (8) acupuncture sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

RANGE OF MOTION and Muscle Testing, Left Wrist/ Hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-258. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Computerized Muscle Testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 33.

Decision rationale: Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, the relation between range of motion measurements and functional ability is weak or even nonexistent as an indicator of objective findings. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized muscle strength testing and range of motion outside guidelines recommendations has not been established. Therefore, the request is not medically necessary and appropriate.