

Case Number:	CM13-0067423		
Date Assigned:	01/03/2014	Date of Injury:	10/10/2012
Decision Date:	05/29/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 & Rehabilitation 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 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 48-year-old female who reported injury on 10/10/2012. The mechanism of injury was repetitive use of a heavy hammer. The diagnoses are mononeuritis of upper limb and mononeuritis multiflex and right shoulder rotator cuff tear status post repair. The most recent documentation was dated 10/22/2013. The physical examination revealed the injured worker had near normal range of motion with mild discomfort with resisted abduction and forward elevation. The injured worker had good strength. The physician opined the injured worker had good strength. The plan was for continued work restrictions. The request was made for a computerized strength and flexibility range of motion assessment for the right wrist.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED STRENGTH AND FLEXIBILITY (ROM) ASSESSMENT RIGHT WRIST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, and Hand (updated 05/08/13).

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, section on Flexibility.

Decision rationale: The Official Disability Guidelines indicate that range of motion testing should be part of a routine musculoskeletal evaluation. There is no documentation submitted requesting the procedure. The original date of request was not supplied. There were neither objective findings nor exceptional factors in the medical records provided for review to warrant non-adherence to guideline recommendations. Given the above, the request for computerized strength and flexibility range of motion assessment of the right wrist is not medically necessary.