MAXIMUS Federal Services

Case Number:	CM14-0009773		
Date Assigned:	02/21/2014	Date of Injury:	05/21/2010
Decision Date:	07/03/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/23/2014

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 Illinois. 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 injured worker is a 43-year-old female who reported an injury on 05/22/2010. The mechanism of injury was reported as repetitive motion. The diagnoses included right wrist carpal tunnel syndrome, and left wrist status post carpal tunnel syndrome. Within the clinical note dated 09/12/2013, the injured worker reported pain of the right wrist was worse after an injection. Upon physical exam, the provider noted the right wrist to have a positive Tinel's and Phalen's test. The injured worker was prescribed Medrol cream twice a day. The provider requested computerized muscle testing for the bilateral upper extremities/hands/wrists. However, the rationale was not provided in the clinical documentation submitted. Additionally, the request for authorization was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPUTERIZED MUSCLE TESTING OF THE BILATERAL UPPER EXTREMITIES/HANDS/WRISTS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75-92. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Worker's Compensation, 18th Edition, 2013, Integrated Treatment/Disability Duration Guidelines - Forearm, Wrist, & Hand (Acute & Chronic) (updated 05/08/2013), Computerized muscle testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist & Hand, Computerized Muscle Testing.

Decision rationale: The injured worker complained of pain to the right wrist which was worse after an injection. The Official Disability Guidelines do not recommend computerized muscle testing of the extremities. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. This would be an unneeded test. There is a lack of objective findings indicating decreased muscle strength/functional deficits requiring further evaluation. The objective findings and subjective complaints concern the right wrist. There is a lack of documentation regarding the left wrist to support the request for bilateral testing. The rationale for the submitted request was not provided. Nonetheless, the guidelines do not recommend the use of computerized muscle testing of the extremities. Therefore, the request for computerized muscle testing of the bilateral upper extremities/ hands/wrists is not medically necessary.