

Case Number:	CM14-0106280		
Date Assigned:	07/30/2014	Date of Injury:	01/20/2010
Decision Date:	10/24/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	07/09/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

This is a 60-year-old male with a 1/20/2010 date of injury. A specific mechanism of injury was not described. 6/5/14 determination was non-certified given no detailed physical examination and no rationale for the need of computerized strength and flexibility assessments. 5/5/14 report by [REDACTED] identified that patient was deferring carpal tunnel surgery. Exam revealed right shoulder with well-healed surgical incision. There was still limited range of motion and tightness with evidence of capsular tightening. Resisted movements produce pain and were still grossly weak. Right hand and wrist had tenderness over the carpal bones. There was pain with plantar dorsiflexion. There was full range of motion in the fingers. Positive Phalen's was present. There was a request for a referral for computerized strength and flexibility assessment with inclinometers, with report and analysis. Diagnoses included bilateral carpal tunnel syndrome, right greater and left; and right shoulder rotator cuff tear with AC joint arthrosis. Treatment to date included medications and a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength & Flexibility: 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), Treatments in Workers' Comp., online Edition, Chapter: Neck & Upper Back (updated 05/03/14)

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)

Decision rationale: The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way". The only medical report provided did not include any range of motion measurements and there was no indication for the necessity of computerized muscle testing as opposed to a complete physical examination including range of motion by inclinometer. It was not clear why such measurements were not included/performed as part of the reported examination at the time of the 5/5/14 evaluation. The medical necessity was not substantiated, therefore is not medically necessary.