

Case Number:	CM14-0107447		
Date Assigned:	07/11/2014	Date of Injury:	03/05/2013
Decision Date:	08/12/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/10/2014

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 & 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 71-year-old male with a date of injury on 03/05/2013. The injured worker had an examination on 01/28/2014 with complaints of constant moderate pain in the left elbow and the left wrist. The injured worker had a negative Spurling's test bilaterally and also a negative Adson's test bilaterally. Upon examination there was definite tenderness on the medial aspect of the left elbow in the volar aspect of the left wrist. The range of motion was 0 to 90 degrees on flexion of the elbow. The range of motion of the wrist was noted to be dorsiflexion 25 degrees and palmar flexion at 45 degrees. There was decreased sensation still present in all of the fingers. The injured worker has had physiotherapy 3 times a week for 4 weeks and was advised to follow up in 3 weeks. The efficacy of that physiotherapy was not provided. The list of medications and their efficacy was not provided. His diagnoses consisted of a fracture of the distal radius, and carpal tunnel syndrome. The request for authorization for range of motion and muscle testing of the left elbow and the wrist was not provided nor was the rationale.

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 elbow and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist & hand.

MAXIMUS 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) forearm, wrist, &hand, computerized muscle testing, and Low back flexibility.

Decision rationale: The California MTUS ACOEM Guidelines state that physical examination for the forearm, wrist and hand complaints is just general observation of the patient. A regional examination is indicated by the history. There was no history provided. The California MTUS ACOEM Guidelines state that the exam is strictly regarding objective findings and do require the patient's cooperation. There is no evidence or indication that the patient is not cooperative and that he is not able to voice his complaints. Furthermore, the Official disability Guidelines do not recommend computerized muscle testing. There are no studies to support computerized strength testing of the extremities. The Official Disability also does not recommend flexibility as primary criteria. The injured worker had a physical examination with range of motion and flexibility and the guidelines do not support computerized range of motion or motor strength testing. Therefore, the request for the range of motion and muscle testing to the left elbow and the wrist is not medically necessary.