

Case Number:	CM14-0020208		
Date Assigned:	04/28/2014	Date of Injury:	08/22/2013
Decision Date:	07/08/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/18/2014

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 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 injured worker is a 57 year old male who reported an injury on 08/22/2013 secondary to cumulative injuries. The diagnoses included right wrist sprain/strain/carpal tunnel syndrome, left wrist DeQuervain's tenosynovitis and left hallux rigidus. The injured worker was evaluated on 11/08/2013 for reports of wrist pain and spasms with weakness, numbness and tingling, rated 7/10 on the right and 4-5/10 on the left. The injured worker also reported left great toe pain rated 8/10. The exam noted tenderness to palpation of the carpal tunnel and first dorsal extensor compartments with tenderness to the interphalangeal joint bilaterally and the great toe. The range of motion in the wrists was noted that right sided flexion was 20 degrees, extension 25 degrees, radial deviation was 10 degrees and ulnar deviation was 10 degrees; left sided flexion was 15 degrees, extension 20 degrees, radial deviation was 7 degrees and ulnar deviation was 5 degrees. A positive Tinel's and Phalan's test was noted on the right and a positive Phalan's and Finkelstein's test was noted on the left. There was slight diminished sensory to pinprick and light touch to the C5-T1 dermatomes and decreased motor strength of 4/5 to the upper extremities. The treatment plan included medication therapy, imaging studies, a TENs unit, physical therapy, shockwave therapy, acupuncture and a Functional Capacity Evaluation. The request for authorization is not in the documentation provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL IMPROVEMENT MEASUREMENT EVERY 30 DAYS WHILE UNDERGOING TREATMENT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-258.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The ACOEM Guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines state that functional improvement measurements are recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. There is a lack of evidence in the documentation provided for review of a plan of care including a possible Work Hardening Program. The requesting physician's rationale for the request was unclear. Therefore, based on the documentation provided, the request is not medically necessary and appropriate.