

<b>Case Number:</b>	CM14-0007689		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	10/03/2011
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2014

### 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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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 53 year old a male who sustained a work related injury on 10/03/2011 when he was pushing a plastic pipe. The pipe became stuck and his left hand bent backwards. He felt a pop and there was immediate swelling. Per the Primary Treating Physician's Initial Medical Evaluation dated 8/22/2013, the injured worker reported constant pain to the left hand, rated as a 6/10 with radiation to the right arm and right thumb with associated numbness and tingling. Physical Examination revealed a right biceps deformity with tenderness to palpation of the right biceps muscle. Range of motion of the elbows revealed flexion of 140 degrees and a positive Cubital Tinel's. Range of motion of the left wrist was flexion 45 degrees, extension 45 degrees, ulnar deviation 25 degrees and radial deviation 15 degrees. Carpal, Tinel's Phalen's and Finkelstein tests were negative. Diagnoses included left biceps deformity/possible tear, left wrist sprain/strain, left elbow medial epicondylitis and left upper extremity neuropathy. The plan of care included magnetic resonance imaging (MRI), EMG/NCV, supervised physiotherapy, acupuncture and medications. Work Status was modified duty. The claimant had a functional capacity evaluation in October 2013. On 1/07/2014, Utilization Review non-certified a prescription for outpatient range of motion and muscle strength testing based on lack of medical necessity. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient ranges of motion and muscle strength testing: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment of Worker's Compensation

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Forearm and Wrist Pain Guidelines and Range of Motion

**Decision rationale:** According to the guidelines, range of motion is recommended for the shoulder. If active range of motion is normal then passive range of motion is not needed. It is silent in regards to the wrist and elbow. In this case, the claimant had limited active range of motion; however, the claimant had a functional capacity evaluation for range of motion and strength in 2013. There is no indication to repeat his evaluation. In addition, specific anatomical location for the range of motion testing and evaluation was not specified. Therefore, the request is not medically necessary and appropriate.