

Case Number:	CM14-0195404		
Date Assigned:	12/02/2014	Date of Injury:	01/19/2012
Decision Date:	01/29/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/20/2014

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 Rehab, has a subspecialty in Interventional spine 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:

The patient is a 48-year-old female with a date of injury of 01/19/2012. The listed diagnoses are: 1. Impingement. 2. Carpal tunnel syndrome. Review of the medical file indicates the patient is status post left carpal tunnel release on 10/07/2014 and right carpal tunnel release on 07/30/2014. According to treatment report dated 10/13/2014, the patient is status post 1-week left carpal tunnel release and was healing "okay." Fingers and wrist had normal sensation and no paresthesia was noted. The treating physician recommends patient to begin physical therapy. The treating physician would like to request a range of motion measure and computer-assisted muscle testing for date of service, 11/03/2014. The utilization review denied the request on 11/17/2014. Utilization review indicates that the treating physician went ahead with the computerized range of motion and strength testing on 11/03/2014. The results were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Measure and Computer Assisted Muscle Testing (DOS 11/03/2014):

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), Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist/Hand Chapter

Decision rationale: This injured worker is status post left carpal tunnel release on 10/07/2014 and right carpal tunnel release on 07/30/2014. Current request is for range of motion pressure and computer-assisted muscle testing on date of service, 11/03/2014. The ODG guidelines under its wrist/hand chapter has the following regarding computerized muscle testing, "Not recommended. 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. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test." The ODG guidelines do not support computerized measurement of range of motion or muscle testing. This request is not medically necessary.