

Case Number:	CM15-0106407		
Date Assigned:	06/10/2015	Date of Injury:	06/28/2010
Decision Date:	07/16/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	06/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 57-year-old who has filed a claim for chronic hand, wrist, and elbow pain reportedly associated with an industrial injury of June 28, 2010. In a Utilization Review report dated April 28, 2015, the claims administrator failed to approve requests for a follow-up visit and range of motion testing of the wrist. The claims administrator referenced an April 14, 2015 office visit in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most note on file was dated October 16, 2014. On October 16, 2014, the applicant reported ongoing complaints of wrist and elbow pain status post earlier left-sided carpal tunnel release surgery. Residual complaints of bilateral wrist and bilateral elbow pain were noted, 7-8/10. The applicant apparently had residual issues with carpal tunnel syndrome, it was reported. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up in 4-6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Yes, the proposed follow-up visit in four to six weeks was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 5, page 79, frequent follow-up visits are "often warranted" even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit. Here, it did not appear that the applicant was working. The applicant still had residual hand and wrist pain complaints and paresthesias. Obtaining a follow-up visit, thus, was indicated on several levels, including for disability management purposes. Therefore, the request was medically necessary.

Range of motion- right wrist: 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).

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

Decision rationale: Conversely, the request for range of motion testing of the wrist was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 257, an attending provider should evaluate active and passive ranges of motion of the applicant's hand and wrist within the limits of comfort. ACOEM does not, thus, establish a role for formal [computerized] range of motion testing such as was sought here. ACOEM Chapter 11, page 258 also suggests that an attending provider assess the neurologic status of an applicant's hand, to include motor testing. Thus, ACOEM takes the position that assessing range of motion and motor function are part of the attending provider's usual and customary evaluation and does not espouse a role for the more formal computerized range of motion and strength testing seemingly proposed here. While it is acknowledged that the April 2015 progress note in which the article in question was proposed was not incorporated into the IMR packet, the historical information on file did not make a compelling case for the request in the face of the seemingly unfavorable ACOEM position on the same. Therefore, the request was not medically necessary.