

Case Number:	CM15-0106412		
Date Assigned:	06/10/2015	Date of Injury:	06/26/2014
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
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 44-year-old who has filed a claim for chronic elbow, wrist, and hand pain reportedly associated with an industrial injury of June 26, 2014. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for range of motion and strength testing. The claims administrator referenced a May 4, 2015 RFA form in the determination. On May 4, 2015, the applicant reported ongoing complaints of left arm and elbow pain, 8/10, with derivative complaints of anxiety, depression, and insomnia. Full range of motion about the elbow, wrist, and hand were reported. The applicant was given diagnosis of ulnar neuritis versus medial epicondylitis versus cystic mass of the left wrist versus chronic wrist sprain. A 25-pound lifting limitation was imposed. Repeat wrist MRI imaging was sought. Acupuncture and formal [computerized] range of motion and strength testing were sought.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 9-10; 257.

Decision rationale: No, the request for range of motion and strength testing was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generators here were the left wrist and left elbow, suggested on the May 4, 2015 office visit in question. As noted in the MTUS Guideline in ACOEM Chapter 11, page 257, an attending provider should determine an applicant's wrist range of motion both actively and/or passively within an applicant's limits of comfort. The MTUS Guideline in ACOEM Chapter 10, page 10 also notes that muscle strength testing is often helpful while noting that pain-limited weakness is common, making a determination of true muscular weakness substantially more difficult. ACOEM Chapter 10, page 9 also notes that an attending provider should assess an applicant's range of motion actively and consider passive range of motion testing in applicants who have some limitations involved in performing active range of motion testing. Thus, ACOEM seemingly takes the position that an attending provider should assess range of motion and/or strength testing of the wrist and/or elbow as part and parcel of his/or her usual and customary evaluation. ACOEM does not, thus, establish a role for the formal computerized range of motion and strength testing sought here. The attending provider's progress note of May 4, 2015 did not set forth a clear or compelling role for such testing. The attending provider did state why conventional manual muscle testing in the office setting and/or observation of the applicant's range of motion would not suffice here. Therefore, the request was not medically necessary.