

Case Number:	CM15-0106891		
Date Assigned:	07/22/2015	Date of Injury:	08/19/2013
Decision Date:	08/18/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/03/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 44 year old male who sustained an industrial injury on 8/19/13 when his left ring finger was crushed. His left hand, left pinky, left ring, left arm and skeletal system were affected. He was medically evaluated and received 13 stitches and x-rays. He was off work for 2 weeks and returned with restrictions but was terminated for lack of efficiency. He currently complains of left 4th digit pain (8/10) with radiation to the left hand and arm and with numbness, tingling, weakness, stiffness; sleep disorder; tension; anxiety; depression; nervousness. On physical exam of the left elbow/ forearm there was tenderness to palpation with spasms of the extensor muscles on the left, decreased range of motion, positive Cubital Tinel's; left wrist/ hand shows tenderness to palpation over the well-healed surgical scar on the pad of the left ring finger, decreased capillary refill with decreased range of motion. His activities of daily living are improved with therapy and acupuncture (per 4/20/15 note). Medications were Tramadol and gabapentin. Diagnoses include fracture of the distal phalanx; left 4th finger contusion; left 4th finger laceration; left 4th finger crush injury, rule out complex regional pain syndrome of the left upper extremity. Treatments to date include physical therapy; acupuncture with benefit in reducing pain. Diagnostics include x-rays of the left 4th finger (8/19/13) showed fracture of the distal phalanx; MRI of the left hand (1/2/14) showed subchondral cyst formation, bone marrow edema. In the progress note dated 3/23/15 the treating provider's plan of care included a request for range of motion and muscle strength testing.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Forearm, Wrist & Hand (acute & chronic) - Computerized muscle testing; Office visits.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Wrist chapter and pg 17.

Decision rationale: According to the guidelines, computerized wrist testing is not recommended. There are no studies to support computerized testing of the extremities. In this case, the claimant had normal range of motion of the elbow and shoulder. Wrist /hand range of motion was assessed by clinical exam. There is no justification that the range of motion muscle testing would provide information that would change outcome or intervention. The request is not medically necessary.