

Case Number:	CM15-0011897		
Date Assigned:	02/12/2015	Date of Injury:	01/28/2012
Decision Date:	04/07/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/20/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old male who reported an injury on 01/28/2012. The mechanism of injury involved repetitive heavy lifting. The current diagnoses include left carpal tunnel syndrome, left de Quervain's disease, and right carpal tunnel syndrome. The latest physician progress report submitted for review is documented on 12/11/2014. The injured worker presented for a follow up evaluation with complaints of persistent bilateral wrist pain, numbness, tingling, and weakness. Upon examination of the left wrist, there was a positive Tinel's and Phalen's sign, a positive compression test, mild thenar atrophy, mild abductor pollicis brevis weakness, a positive Finkelstein's test, positive pain over the first dorsal wrist extensor, a positive axial grind test, positive pain in the anatomic snuff box, positive pain on ulnar and radial deviation, and positive pain on wrist flexion and extension. The examination of the right wrist also revealed a positive Tinel's and Phalen's sign, a positive compression test, mild thenar atrophy, mild abductor pollicis brevis weakness, and mild axial grind testing. Recommendations at that time included continuation of night splinting, continuation of the current medication regimen, authorization for a referral to a knee and pain specialist, and authorization for a right then left carpal tunnel decompression. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available when reassessing function and functional recovery. It is noted that the injured worker reported ongoing pain, numbness, weakness, and tingling in the bilateral wrists. The injured worker is pending an authorization for an evaluation by a knee and pain specialist as well as bilateral carpal tunnel decompression. There is no indication that this injured worker has reached or is close to reaching maximum medical improvement and requires range of motion testing. The specific type of range of motion testing was not listed in the request. Given the above, the request is not medically appropriate.