

Case Number:	CM15-0142931		
Date Assigned:	08/03/2015	Date of Injury:	09/13/2012
Decision Date:	09/01/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/23/2015

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

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 40 year old male patient who sustained an industrial injury on September 13, 2012. A primary treating office visit dated January 28, 2015 reported the patient with subjective complaint of with constant right wrist pain accompanied by numbness, tingling, aches, and tenderness and associated right thumb swelling. He is status post a carpal tunnel release in May 2014. In addition, he has neck pain radiating down the right arm. Objective findings showed minimal swelling of the right wrist and thumb. There is tenderness noted upon palpation at the volar aspect and decreased painful range of motion. The following diagnoses were applied: right wrist and thumb sprain with residual pain and stiffness; status post right wrist carpal tunnel release, and right cervical radiculopathy. The plan of care noted the patient continuing with home exercise program, obtained a refill for Mentherm ointment, obtaining nerve conduction study results done on December 16, 2014, undergo a magnetic resonance imaging (MRI) study of the cervical spine and return for follow up in 6 weeks. On February 24, 2015 he underwent a MRI of the cervical spine that showed nonspecific straightening of the normal cervical lordosis, query muscle strain; C4-5 broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing; C5-6 left paracentral posterior disc protrusion resulting in left neural foraminal narrowing, left exiting nerve root compromise is seen; C6-7 broad-based posterior disc protrusion without evidence of canal stenosis or neural foraminal narrowing. The following visit dated February 25, 2015 reported treating diagnoses as: right wrist and thumb sprain with residual pain and stiffness; status post right wrist carpal tunnel release; right cubital tunnel syndrome; cervical radiculopathy, and pending MRI results. The patient was referred to a spine

specialist regarding cervical spine and also is seeing specialist for bilateral cubital tunnel syndrome. He is to continue utilizing bilateral volar wrist braces and there is noted recommendation for a Pilo brace. Of note, the patient does have a longstanding history of thumb volar laceration some 20 years ago. The following were added to the treating diagnoses at a visit on April 16, 2015: bilateral carpal tunnel syndrome verified with nerve conduction study; history of thumb laceration, and bilateral cubital tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion 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, Low Back Chapter, Flexibility; Knee Chapter, Computerized Muscle Testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: Computerized ROM testing is not supported by MTUS, ODG, or AMA Guides. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, for example, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. In addition, per ODG, the relation between back range of motion measures and functional ability is weak or nonexistent. They specifically noted computerized measurements to be of unclear therapeutic value. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The Range of motion testing is not medically necessary and appropriate.