

Case Number:	CM15-0145693		
Date Assigned:	08/06/2015	Date of Injury:	10/09/2013
Decision Date:	09/10/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/29/2015

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:

This 52-year-old male sustained an industrial injury on 10-09-13. He subsequently reported wrist pain. Diagnoses include right carpal tunnel syndrome and wrist strain. Treatments to date include x-ray and MRI testing, surgery, TENS treatment, physical therapy and prescription pain medications. The injured worker continues to experience right wrist pain. Upon examination of the right wrist, there was tenderness to palpation of the dorsal wrist. Phalen's causes pain. Grip strength is reduced. There is decreased sensation to second and third finger (right). A request for Therapeutic exercises once a week for 6 weeks and the treating physician made range of motion (ROM) testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic exercises once a week for 6 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 18-20.

Decision rationale: This patient is status post right wrist fusion on 04/21/15 with complaints of residual pain. The current request is for Therapeutic exercises once a week for 6 weeks. The RFA is dated 06/16/15. Treatments to date include x-ray and MRI testing, surgery, TENS treatment, physical therapy, acupuncture, TENS unit and prescription pain medications. The patient remains off work. MTUS post-surgical guidelines for the Forearm, Wrist, & Hand, pages 18-20, allows up to 20 sessions of Physical Therapy following wrist surgery. The patient is status post right wrist fusion on 04/12/15. Report 05/12/15 noted that the patient required a cast change. According to progress report 06/16/15, the patient presents with continued sharp right wrist pain, rated as 6/10 on a pain scale. There is tenderness in the right wrist with limited ROM and redness. Treatment plan is for "ROM exercises 1x6 per request of [REDACTED]." Review of [REDACTED] report notes "OT 1x week 6wks for R hand ROM." There is only one physical therapy assessment report from 07/15/15 that notes patient has edema in the right wrist and the "MD has cleared for strengthening." The information regarding the patient's post-operative rehabilitation is limited. It appears the patient was in a cast until recently and has not started physical therapy. Given such, the requested 6 sessions is reasonable. This request IS medically necessary.

Range of Motion (ROM) testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: This patient is status post right wrist fusion on 04/21/15 with complaints of residual pain. The current request is for Range of Motion (ROM) testing. The RFA is dated 06/16/15. Treatments to date include x-ray and MRI testing, surgery, TENS treatment, physical therapy, acupuncture, TENS unit and prescription pain medications. The patient remains off work. MTUS Chronic pain guidelines page 48 does discuss Functional Improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, "ROM should be documented in degrees." ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. The patient is status post right wrist fusion on 04/12/15. Report 05/12/15 noted that the patient required a cast change. According to progress report 06/16/15, the patient presents with continued sharp right wrist pain, rated as 6/10 on a pain scale. There is tenderness in the right wrist with limited ROM and redness. In this case, the treater has not provided a medical rationale for the request. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, ROM testing is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.