

Case Number:	CM15-0147281		
Date Assigned:	08/10/2015	Date of Injury:	07/14/2012
Decision Date:	09/11/2015	UR Denial Date:	06/26/2015
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, Hawaii

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 53 year old female who sustained an industrial injury on 7-14-12. She sustained a "wrenching injury" while performing her job duties. Her initial symptoms are not available for review. However, the Qualified Medical Examiner (QME) report dated 6-11-15 indicates that she had "persistent pain, numbness, and tingling in the right hand". She underwent a right carpal tunnel release and release of a trigger thumb on 7-2-14. The QME provided diagnoses of status-post right carpal tunnel syndrome, resolved with surgery and fibromyalgia, possibly associated with lupus, scleroderma, or one of the other immunologic disorders. She was encouraged to follow-up with her primary care provider for further testing. The QME indicated that her "physical and emotional distress are very real and she deserves specific diagnosis and treatment" and "that effort should not, however, be the responsibility of the worker's compensation system". On the PR-2 dated 6-15-15, the injured worker continued to complain of "constant severe pain" in the right wrist and hand. She described the pain as "sharp and swelling". The pain was aggravated by driving. She also complained of pain in her thumb and numbness over the hand. She also complained of severe pain in the right shoulder, describing it as "dull". This was aggravated by use of the arm. She reported that the pain radiates down the right arm. In her cervical spine, she complained that she was having "frequent severe pain" and described the pain as "sharp". The pain was worsened by turning. She reported that the pain radiated to her lower back and into her shoulder, down her right wrist. She also complained of stress and anxiety, stating that she was having difficulty sleeping. She was diagnosed with aftercare for surgery of the musculoskeletal system, tendinitis-bursitis of the right hand-wrist,

rule out carpal tunnel syndrome, cervical spondylosis without myelopathy, bursitis and tendinitis of the right shoulder, anxiety, and sleep disorder. Treatment recommendations were for an MRA of the right shoulder due to decreased active range of motion failure of conservative therapy, and showing "red flags of positive orthopedic tests". She was instructed on a home exercise plan. The denied service: range of motion measurement and addressing ADL's (activities of daily living) is not available in the records 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 measurement and addressing ADLs: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter, ROM testing.

Decision rationale: The IW is a 53 year old woman who injured her right hand while working on 7/14/2012. She was eventually diagnosed with carpal tunnel syndrome and underwent a right carpal tunnel release. The most recent PR2 notes constant severe pain in the right wrist and hand and shoulder. She complains of frequent severe pain in the cervical spine. Physical exam revealed pain to palpation in the cervical and right shoulder muscles. Axial compression test was positive bilaterally. There was a decreased right brachioradialis reflex. IMR request was made for range of motion testing and addressing ADLs. The ODG lumbar chapter for ROM (Flexibility) does not recommend computerized measures of the cervical and lumbar spine which can be performed using an inclinometer which is reproducible, simple, practical and inexpensive. The MTUS and ACOEM Guidelines do not address range of motion testing. However, ODG under the Pain Chapter on 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. In this case, ODG does recommend range of motion testing as part of follow-up visit and routine examination. The medical record of 5/28/2015 state that goniometer measurements were taken. The MTUS guidelines on page 8 states, The physician should periodically review the course of treatment of the patient and any new information about the etiology of the pain or the patient's state of health. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. The request for goniometric range of motion testing and addressing ADLs are medically necessary.