MAXIMUS Federal Services

Case Number:	CM15-0167350		
Date Assigned:	09/08/2015	Date of Injury:	05/13/2013
Decision Date:	10/07/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/25/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 58-year-old male, with a date of injury of 5-13-2013. Pertinent diagnoses include severe carpal tunnel syndrome right wrist with trigger nodule base of the right middle finger. Past treatments have included conservative measures including diagnostics, medications, physical therapy and acupuncture. Per the Comprehensive Orthopedic Consultation dated 6-18-2015, the injured worker reported right wrist and third finger of the right hand pain of variable intensity that was present on a constant basis, occurring approximately 100% of the time. He rated his pain as 3 out of 10 in severity. Objective findings included diffuse tenderness over the right wrist, more marked over the volar surface of the right wrist. Tinel's and Phalen's were positive on the right. Electrodiagnostic testing dated 3-27-2015 showed severe right carpal tunnel syndrome. The plan of care included surgical intervention (right carpal tunnel release) and authorization was requested for Range of Motion (ROM) and Activities of Daily Living (ADL) assessment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion/Activities of Daily Living assessment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Acute and Chronic.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Flexibility.

Decision rationale: Pursuant to the Official Disability Guidelines, range of motion/ADL assessment is not medically necessary. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional abilities were nonexistent. This has implications for clinical practice as it relates to disability determinations for patients with chronic low back pain. In this case, the injured worker's working diagnoses are cervical disc herniation without myelopathy; thoracic disc displacement without myelopathy; lumbar disc displacement without myelopathy; bursitis and tendinitis shoulders; lateral epicondylitis right elbow; tendinitis/bursitis right hand/wrist; carpal tunnel syndrome; inguinal hernia, anxiety and sleep disorder. The date of injury is May 13, 2013. According to a progress note dated July 6, 2015, subjectively the injured worker has complaints of right shoulder, right elbow, right wrist and hand pain, cervical spine, thoracic and lumbar spine pain and testicular pain and headache. The treating provider received authorization on July 22, 2015 to undergo carpal tunnel release right middle finger trigger release. The treating provider is requesting range of motion and ADL assessment. Computerized range of motion (flexibility) is not recommended as a primary criterion, but should be part of a routine musculoskeletal evaluation. There is no clinical indication a rationale for computerized range of motion (flexibility). This should be part of the routine musculoskeletal evaluation. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, and guideline non-recommendations for computerized range of motion, range of motion/ADL assessment is not medically necessary.