

<b>Case Number:</b>	CM15-0169372		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

The injured worker is a 54 year old male, who sustained an industrial injury on 06-11-2011. He has reported injury to the neck, shoulders, elbows, wrists, right hand, and low back. The diagnoses have included status post left wrist decompression, on 04-22-2014; status post laceration, finger, left; bilateral medial epicondylitis; bilateral lateral epicondylitis; and rule out ulnar nerve entrapment, left. Treatment to date has included medications, diagnostics, injections, physical therapy, and surgical intervention. Medications have included Norco, Soma, Gabapentin, Omeprazole, and Ambien. A progress report from the treating physician, dated 07-23-2015, documented an evaluation with the injured worker. The injured worker reported slight improvement in the left wrist; pain is radiating to the dorsal area; numbness in the first and second digits; there is constant pain in the right wrist; the pain worsens depending on activity with tingling; and there is constant bilateral elbow pain. Objective findings included a well-healed full thickness skin graft to the right hand lateral dorsal fifth metacarpal head; scars also over the distal aspect of the fifth digit on the distal phalanx; decreased range of motion; bilaterally positive Phalen's test and Tinel sign; bilateral compression test over the median nerve with numbness of the thumb, index, and middle finger at approximately 5 seconds; mild abductor pollicis brevis weakness bilaterally; Jamar grip strength decreased bilaterally, right greater than left; and well-healed left carpal tunnel scar. The treatment plan has included the request for range of motion left wrist. The original utilization review, dated 08-18-2015, non-certified a request for range of motion left wrist, as there are no indications that the injured worker requires specialized range of motion testing to the left wrist rather than what is required for a routine musculoskeletal evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Range of motion left wrist:** 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, Flexibility.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back-Flexibility.

**Decision rationale:** Range of motion left wrist is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that because they are interrelated structures, the forearm, wrist, and hand can be examined together for observation of any swelling, masses, redness, deformity, or other abnormality. This examination may be followed by evaluating active and passive range of motion within the patient's limits of comfort with the area as relaxed as possible. The ODG low back chapter states that flexibility is not recommended as primary criteria, but should be a part of a routine musculoskeletal evaluation. The documentation does not reveal extenuating circumstances that necessitate specialized range of motion testing other than routine physical examination on an office visit; therefore this request is not medically necessary.