

Case Number:	CM15-0183613		
Date Assigned:	09/24/2015	Date of Injury:	02/23/2015
Decision Date:	11/09/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 54-year-old who has filed a claim for chronic hand and wrist pain reportedly associated with an industrial injury of February 23, 2015. In a Utilization Review report dated August 19, 2015, the claims administrator failed to approve a request for [computerized] range of motion testing. An August 7, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an August 7, 2015 office visit, the applicant was placed off of work, on total temporary disability. The applicant was asked to consult an orthopedist to evaluate issues with carpal tunnel syndrome, wrist pain, and wrist paresthesias. The applicant exhibited painful, diminished wrist range of motion. Electrodiagnostic testing, acupuncture, and an orthopedic consultation were proposed. On July 10, 2015, the applicant was again described as having painful, diminished wrist range of motion. Wrist MRI imaging dated August 20, 2015 was notable for a triangular fibrocartilage tear with associated ulnar variance.

IMR ISSUES, DECISIONS AND RATIONALES

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

range of motion: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination.

Decision rationale: No, the request for [computerized] range of motion testing was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 257, the applicant's range of motion should be evaluated both actively and passively within limits of comfort. ACOEM does not, thus, establish a role for the more formal computerized range of motion at issue here. The attending provider's progress note, furthermore, failed to outline a clear or compelling rationale for said testing in the face of the unfavorable ACOEM position on the same. It was not clear how said testing would have influenced or altered the treatment plan. The applicant was described on multiple office visits, as exhibiting pain-limited range of motion about the wrist. It was not clear how the more formal computerized range of motion testing would have impacted the claimant's treatment for an established diagnosis of triangular fibrocartilage tear. Therefore, the request was not medically necessary.