

Case Number:	CM15-0188479		
Date Assigned:	09/30/2015	Date of Injury:	11/22/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/24/2015

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: 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 injured worker is a 38-year-old female, with a reported date of injury of 11-22-2014. The diagnoses include right hand contusion, right hand sprain and strain, right upper extremity neuropathy, and mild right carpal tunnel syndrome. Treatments and evaluation to date have included therapy, acupuncture, Gabapentin (discontinued), and Naproxen. The diagnostic studies to date have included electrodiagnostic studies of the right upper extremity on 08-28-2015 which showed evidence of mild right carpal tunnel syndrome. The medical re-evaluation report dated 09-01-2015 indicates that the injured worker complained of persistent right hand pain, which was rated 7 out of 10 (07-27-2015 to 09-01-2015). The pain radiated to the wrist, forearm, elbow, shoulder, and upper back with numbness, tingling, pulsation, and burning sensation. The pain was increased with cold weather and repetitive use. The physical examination showed no instability, no laxity, no inflammation, normal capillary refill, 2+ pulses, tenderness to palpation with spasms of the extensors of the right forearm, limited range of motion of the right wrist and hand due to pain, tenderness to palpation of the right metacarpophalangeal joint of the thumb and the metacarpophalangeal joint, proximal interphalangeal joint, and distal interphalangeal joint of the right fifth finger; and 2+ out of 5 strength (07-27-2015 to 09-01-2015). The treatment plan included the continuation of acupuncture as well as range of motion and muscle strength testing. The injured worker was on total temporary disability for six weeks. The treating physician requested a range of motion and muscle strength test of the right hand. On 09-17-2015, Utilization Review (UR) non-certified the request for a range of motion and muscle strength test of the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion and muscle strength testing of the right hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 Chapter/Flexibility Section Forearm, Wrist & Hand Chapter/Computerized Muscle Testing Section.

Decision rationale: The MTUS guidelines do not address the use of range-of-motion or muscle strength testing in the hand specifically. Per the ODG, computerized muscle strength testing is not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. This would be an unneeded test. Regarding range of motion testing, the ODG states that the use of range of motion testing is not recommended as a primary criterion, but should be a part of a routine musculoskeletal evaluation. The request for range of motion and muscle strength testing of the right hand is not medically necessary.