

<b>Case Number:</b>	CM15-0203294		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	07/10/2015
<b>Decision Date:</b>	12/04/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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 31-year-old who has filed a claim for wrist pain reportedly associated with an industrial injury of July 10, 2013. In a Utilization Review report dated September 29, 2015, the claims administrator failed to approve a request for a follow-up visit to include formal range of motion measurements. An RFA form and an associated progress note of September 11, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 31, 2015, follow-up visit with associated range of motion measurements was sought, along with various physical therapy modalities. On September 20, 2015, the applicant reported ongoing issues with hand and wrist pain, 8/10, with ancillary complaints of shoulder pain. Topical compounds, work hardening, Aleve, functional capacity evaluation, psychosocial factor screen, and work hardening screening were all endorsed. The applicant was given a 20-pound lifting limitation, which the treating provider suggested that the applicant's employer was unable to accommodate. On an RFA form dated September 26, 2015, a follow-up visit to include range of motion measurements was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up visit with range of motion measurement and addressing ADL's:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA Guides to the Evaluation of Permanent Impairment, Fifth Edition, page 28 and on the Non-MTUS Official Disability Guidelines (ODG), Low Back, Flexibility and on the Non-MTUS Agency for Health care administration (AHCA).

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management, and Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination.

**Decision rationale:** No, the request for a follow-up visit to include range of motion measurements was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequent follow-up visits are "often warranted" even though the applicant's whose conditions are not expected to change appreciably from week to week or visit to visit, this recommendation is, however, qualified by commentary made in the MTUS Guideline in ACOEM Chapter 11, page 257 to the effect that an applicant's hand and wrist range of motion should be followed actively and passively within an applicant's limits of comfort. The MTUS Guideline in ACOEM Chapter 11, page 257, thus, seemingly takes a position that range of motion measurements represent part and parcel of the attending provider's usual and customary evaluation. The request for formal range of motion measurement testing, thus, was at odds with the MTUS Guideline in ACOEM Chapter 11, page 257 as ACOEM takes a position that this is something that can be determined actively and passively, without more formal testing. Therefore, the request was not medically necessary.