

Case Number:	CM15-0206219		
Date Assigned:	10/23/2015	Date of Injury:	04/11/2013
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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 of chronic hand and wrist pain reportedly associated with an industrial injury of April 11, 2013. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for range of motion testing. The claims administrator referenced an RFA form received on September 28, 2015 in its determination. The applicant's attorney subsequently appealed. On July 28, 2015, the applicant reported ongoing complaints of hand and wrist pain status post earlier right carpal tunnel release surgery and an earlier right de Quervain's release surgery on June 30, 2015. On July 20, 2015, the applicant was placed off work, on total temporary disability, for six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Range of Motion Testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility; Range of Motion.

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

Decision rationale: No, the request for range of motion testing was not medically necessary, medically appropriate, or indicated here. The applicant's primary pain generator was the hand/wrist. However, the MTUS Guideline in ACOEM Chapter 11, page 257 notes that the range of motion of wrist, hand, and forearm should be determined actively and passively within an applicant's limits of comfort. Here, thus, the request for formal, computerized range of motion testing was at odds with the MTUS Guideline in ACOEM Chapter 11, page 257, which takes the position that this is an article performed as part and parcel of the attending provider's usual and customary evaluation/physical examination. Therefore, the request was not medically necessary.