

Case Number:	CM15-0209847		
Date Assigned:	10/28/2015	Date of Injury:	04/11/2013
Decision Date:	12/09/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/26/2015

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: Physical Medicine & Rehabilitation

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 female, who sustained an industrial injury on 4-11-13. Medical records indicate that the injured worker is undergoing treatment for bilateral upper extremity overuse syndrome, left carpal tunnel syndrome, recurrent right carpal tunnel syndrome, right De Quervain's tenosynovitis and status-post right carpal tunnel decompression on 6-30-15. The injured worker is currently temporarily totally disabled. On (7-31-15) a physical therapy report notes that the injured worker complained of bilateral wrist pain rated 5 out of 10 on the visual analog scale. Objective findings revealed that the injured worker demonstrated guarding of the right upper extremity with all activities. Tenderness to palpation was noted at the base of the right palm in the area of the incision. Active range of motion was noted to be flexion 16 degrees, extension 15 degrees, radial deviation 12 degrees and ulnar deviation 14 degrees. Strength was 3 out of 5. Sensation was moderately decreased superficially along the right median nerve distribution. The injured worker was limited to fine motor, firm grasping, lifting, carrying, pushing, pulling, dressing, grooming and self-care. A progress report dated 9-15-15 notes that the injured worker had intermittent to frequent moderate dull, achy bilateral wrist pain. Objective findings noted that the injured worker was status-post right carpal tunnel decompression surgery with a healing surgical scar. A Finkelstein's test was positive on the left. Treatment and evaluation to date has included medications, physical therapy, MRI of the right shoulder, a home exercise program and a right carpal tunnel release decompression. Current medications were not provided. The current treatment request is for range of motion testing #1. The Utilization Review documentation dated 10-5-15 non-certified the request for range of motion testing #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

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) Treatment Index, 13th Edition (web), 2015, Low Back, Flexibility (updated 9/22/15).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: Computerized ROM/ strength MTUS, ODG, or AMA Guides do not support testing. Evaluation of range of motion and motor strength are elementary components of any physical examination for musculoskeletal complaints and does not require computerized equipment. In addition, per ODG, the relation between range of motion measurements and functional ability is weak or even nonexistent with the value of such tests like the sit-and-reach test as an indicator of previous spine discomfort is questionable. They specifically noted computerized measurements to be of unclear therapeutic value. Submitted reports have not adequately provided extenuating circumstances or clear indication for computerized testing over the standard practice of manual evaluation with use of inclinometer. Medical necessity for ROM outside recommendations from the Guidelines has not been established. The Range of Motion Testing is not medically necessary and appropriate.