

<b>Case Number:</b>	CM15-0214991		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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 42-year-old male, who sustained an industrial injury on November 26, 2013, incurring right wrist injuries. He was diagnosed with right carpal tunnel syndrome, right cubital syndrome. He underwent a right carpal tunnel release and right ulnar decompression. Treatment included anti-inflammatory drugs, proton pump inhibitor, muscle relaxants, physical therapy, splinting, home exercise program and transcutaneous electrical stimulation unit. Currently, the injured worker complained of numbing sensation of his right pinky finger and right finger. He noted numbness and tingling, weakness and paresthesia of the right upper extremity. He had diminished sensation and strength of the right hand and fingers. The injured worker complained of left wrist pain and weakness. He was diagnosed with left ulnar nerve compression of the wrist with positive Electromyography findings. The treatment plan that was requested for authorization included a urine toxicology test, and ROM testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine toxicology:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing, Opioids, criteria for use, Opioids, dealing with misuse & addiction.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

**Decision rationale:** Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid for this chronic injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Documented abuse, misuse, poor pain control, history of unexpected positive results for a non-prescribed scheduled drug or illicit drug or history of negative results for prescribed medications may warrant UDS and place the patient in a higher risk level; however, none are provided. The Urine toxicology is not medically necessary and appropriate.

**ROM 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), Forearm, Wrist and Hand - Computerized muscle testing, Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Computerized muscle testing (ROM), Flexibility, Stretching, Aetna policy number.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

**Decision rationale:** Computerized ROM/ strength testing is not supported by MTUS, ODG, or AMA Guides. 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 as part of general office visit and follow-up exam. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The ROM testing is not medically necessary and appropriate.