

Case Number:	CM15-0216146		
Date Assigned:	11/05/2015	Date of Injury:	03/24/2011
Decision Date:	12/18/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	11/03/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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:

This is a 68 year old female with a date of injury on 3-24-11. A review of the medical records indicates that the injured worker is undergoing treatment for left wrist and right knee injury. Progress report dated 10-5-15 reports continued complaints of right wrist and left knee pain. The right wrist pain is frequent, moderate and throbbing with numbness, tingling, weakness and cramping. The pain is relieved by medication. The left knee pain is frequent, moderate and throbbing with heaviness and weakness. She reports relief from medication, physical therapy and compound creams. She has increased range of motion since the last visit. She also has complaints of depression, anxiety and irritability due to chronic pain. Objective findings: right wrist has decreased median nerve sensation and range of motion is painful, there is tenderness to palpation and phalens is positive, left knee - she uses a double hinge brace to ambulate along with a 4 point cane, walks very slow and guarded uses a walker as needed, right knee has swelling and range of motion is painful and decreased. Treatments include: medication, physical therapy and surgical intervention. Request for authorization dated 10-5-15 was made for Range of Motion Testing 1 x month. Utilization review dated 10-13-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Testing 1 x month: 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: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Examination.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for a range of motion test. Range of motion testing is part of the routine exam. There is no indication why this should be done separately or with specialized testing. According to the clinical documentation provided and current MTUS guidelines, a range of motion test is not indicated as a medical necessity to the patient at this time.