

Case Number:	CM15-0038445		
Date Assigned:	03/09/2015	Date of Injury:	08/13/2014
Decision Date:	04/10/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 39-year-old female who sustained an industrial injury on 8/13/14. The injured worker reported symptoms in the right wrist. The diagnoses included right wrist tendonitis. Treatments to date include activity modification, splinting and oral pain medications. In a progress note dated 1/16/15 the treating provider reports the injured worker was with "pain intermittent right wrist."

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized (Range of Motion) ROM & muscle 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: Neck & Upper Back and Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- wrist chapter- computer range of motion pg 18.

Decision rationale: According to the guidelines, range of motion testing is recommended for those who have undergone flexor tendon repair in the hand. In this case, the notes indicate pain in the right wrist. There is no indication that range of motion testing cannot be done during a routine office visit. There was an unspecified mention of surgery in August 2014 but no mention of tendon surgery. As a result, the request above is not medically necessary.

Functional Capacity Pre-Permanent & Stationary: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back and Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional capacity Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.