MAXIMUS Federal Services

Case Number:	CM15-0049375		
Date Assigned:	03/23/2015	Date of Injury:	06/14/2014
Decision Date:	05/04/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/16/2015

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 25 year old female, who sustained an industrial injury on 6/14/14. She reported initial complaints of right wrist and hand pain. The injured worker was diagnosed as having hand strain; tendinitis; wrist strain. Treatment to date has included x-rays right wrist (6/19/14); medications. Currently, PR-2 notes dated 11/3/14, the injured worker complained of right wrist pain. The examination relates to a dorsal ganglion cyst that is too small to aspirate or surgically remove. She was placed on modified work duties. The provider has requested PTP (primary treating physician) Initial Consult/TX ROM (range of motion) was modified per Utilization Review allowing the injured worker an initial consultation with a primary treating physician as well as determination of range of motion measurements utilizing a standard goniometer.

IMR ISSUES, DECISIONS AND RATIONALES

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

PTP Initial Consult/TX ROM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Independent Medical Examinations and Consultations, pages 137-138.

Decision rationale: The request for initial consult and treatment with ROM evaluation was modified by Utilization Review for the initial consult only. Computerized ROM 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, for example, 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. Medical necessity for computerized strength and ROM outside recommendations from the Guidelines has not been established. The PTP Initial Consult/TX ROM is not medically necessary and appropriate.