

Case Number:	CM15-0089415		
Date Assigned:	05/13/2015	Date of Injury:	12/08/2014
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 21 year old man sustained an industrial injury on 12/8/2014 after experiencing pain while gripping paper. Evaluations include right hand and wrist x-rays dated 1/5/2015. Diagnoses include radial styloid tenosynovitis of the right wrist and carpal tunnel syndrome. Treatment has included oral medications and wrist brace. Physician notes dated 2/5/2015 show complaints of pain tot eh right hand and wrist. Recommendations include physical therapy, right wrist splint with thumb spica, and multi interferential stimulator rental.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurements and self-care assessment to the right wrist and hand:

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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

Decision rationale: The injured worker sustained a work related injury on 12/8/2014. The medical records provided indicate the diagnosis of radial styloid tenosynovitis of the right wrist and carpal tunnel syndrome. Treatment has included oral medications and wrist brace. The medical records provided for review do not indicate a medical necessity for Range of motion measurements and self-care assessment to the right wrist and hand. Although the MTUS recommends joint range of motion as one of the functional joint improvement measures, it does not recommend any evaluation beyond examination for active and passive range of motion as part of the regional examination of the forearm, hand, and wrist. No guideline could be found (including the Official Disability Guidelines, the National Guidelines Clearinghouse, and Medscape), recommending computer based range of motion for the wrist.