

Case Number:	CM15-0089653		
Date Assigned:	05/14/2015	Date of Injury:	02/05/2014
Decision Date:	06/16/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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: Emergency 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:

The injured worker was a 47 year old male, who sustained an industrial injury, February 5, 2014. The injury was sustained when the injure worker was lifting a box and injured the right hand and wrist. The injured worker previously received the following treatments random laboratory studies which was positive for Temazepam, heat and cold therapy, physical therapy, Valium, Ambien, Xanax, Naproxen, Oxycontin, Tramadol and Oxycontin CR. The injured worker was diagnosed with right carpal tunnel syndrome, right carpal sprain/strain, right triangular fibrocartilage tear, right wrist internal derangement, right wrist pain and right wrist strain/sprain. According to progress note of March 18, 2015, the injured workers chief complaint was right wrist constant sharp, right wrist pain with tingling and weakness. The pain was aggravated by repetitive movement, prolonged grabbing, grasping, prolonged gripping, squeezing and pulling repetitively. The pain was rate at 5 out of 10. The physical exam was noted with mild swelling at the right wrist. The range of motion was decreased and painful. The flexion was 40 degrees out of 60, extension was 40 degrees of 60, radial deviation was 10 degrees of 20 and ulnar deviation was 10 degrees of 30. There was tenderness to palpation of the dorsal wrist; lateral wrist, medial wrist and volar wrist, there were muscle spasms of the forearm. The Phalen's test was positive. The treatment plan included monthly range of motion test per doctor's visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Monthly range of motion test per doctor's visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Range of motion testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement Measures, Page 48 Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility.

Decision rationale: The requested Monthly range of motion test per doctor's visit is not medically necessary. Chronic Pain Medical Treatment Guidelines, Functional Improvement Measures, Page 48, note that such measures are recommended. However, Official Disability Guidelines (ODG), Low Back- Lumbar & Thoracic (Acute & Chronic), Flexibility, note that computerized range of motion testing not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between lumbar range of motion measures and functional ability is weak or nonexistent. And an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way (p 400). They do not recommend computerized measures of lumbar spine range of motion, which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The injured worker has right wrist constant sharp, right wrist pain with tingling and weakness. The pain was aggravated by repetitive movement, prolonged grabbing, grasping, prolonged gripping, squeezing and pulling repetitively. The pain was rate at 5 out of 10. The physical exam was noted with mild swelling at the right wrist. The range of motion was decreased and painful. The flexion was 40 degrees out of 60, extension was 40 degrees of 60, radial deviation was 10 degrees of 20 and ulnar deviation was 10 degrees of 30. There was tenderness to palpation of the dorsal wrist; lateral wrist, medial wrist and volar wrist, there were muscle spasms of the forearm. The Phalen's test was positive. The treating physician has not documented exceptional circumstances to establish the medical necessity for this testing as an outlier to referenced guideline negative recommendations. The criteria noted above not having been met, monthly range of motion test per doctor's visit is not medically necessary.