

Case Number:	CM14-0111039		
Date Assigned:	08/01/2014	Date of Injury:	11/17/2007
Decision Date:	10/24/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Internal Medicine has a subspecialty in Nephrology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 57-year-old male who has submitted a claim for right ring finger amputation and painful neuromas of the palm of the right hand associated with an industrial injury date of November 17, 2007. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of right wrist hand and finger pain with phantom pain at the amputated ring finger. Examination of the right hand revealed amputation of the right finger at the MCP joint, presence of painful neuromas at the fourth metacarpal region at the palm, positive Tinel's, full ROM, abductor pollicis brevis and first dorsal interosseous strength of 5/5, intact pulses with good capillary refill and mildly decreased sensation in the long and small fingers. Examination of the left hand showed normal findings. Treatment to date has included surgery and medications. Utilization review from June 9, 2014 denied the request for Computerized Strength and Flexibility (ROM) Assessments, Bilateral Upper Extremities because the ODG do not recommend computerized measures of lumbar spine ROM that can be done with inclinometers, and where the result is of unclear therapeutic value. There was also no result of Rom testing using standard inclinometers documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Strength and Flexibility (ROM) Assessments, Bilateral Upper Extremities:
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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Computerized range of motion (ROM); Flexibility

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guidelines was used instead. According to ODG, flexibility is not recommended as 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. ODG also quoted the AMA Guides to the Evaluation of Permanent Impairment, 5th edition that states "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way." They do not recommend computerized measures of lumbar spine range of motion. In this case, the physical examination revealed full ROM of bilateral hands. However, there was no ROM testing involving the other joints of the upper extremities noted. The guideline states that flexibility testing should be a part of a routine musculoskeletal evaluation, and that computerized measures of lumbar spine range of motion are not recommended. The medical necessity was not established. There was no compelling indication that warrants use of a computerized range of motion testing over a standard inclinometer. Therefore, the request for computerized strength and flexibility (Range of Motion [ROM]) Assessments, Bilateral Upper Extremities is not medically necessary and appropriate.