

Case Number:	CM14-0151336		
Date Assigned:	09/19/2014	Date of Injury:	09/20/2013
Decision Date:	10/24/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/10/2014

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 Family Practice and is licensed to practice in Texas and Mississippi. 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 injured worker is a 31-year-old female who reported an injury on 09/20/2013. The mechanism of injury was not provided. On 08/08/2014, the injured worker presented with pain well controlled with medication. Upon examination, there was no distress and the injured worker presented well developed and nourished. She moved her upper right extremity cautiously and has a normal gait. Examination of the upper extremity noted decreased grip strength to the right. There was full range of motion with pain at the ends of ranges. There was a positive cubital tunnel's. The diagnosis were right upper extremity neuropathy, right forearm pain, status post bite of the right forearm, depression, rule out CRPS, gastritis, common extensor tendinitis consistent with lateral epicondylitis. Prior treatment included a functional restoration program and acupuncture treatment. The provider recommended range of motion and muscle training. The provider's rationale was not provided. The request for authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion and Muscle Training: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Flexibility.

Decision rationale: The request for range of motion and muscle training is not medically necessary. The Official Disability Guidelines state that the relation between back range of motion measures and functional ability is weak or nonexistent. The providers rationale were not provided. As the guidelines do not recommend range of motion and muscle training, it would not be indicated. As such, Range of Motion and Muscle Training is not medically necessary.