

Case Number:	CM14-0161874		
Date Assigned:	10/07/2014	Date of Injury:	04/21/2014
Decision Date:	11/04/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/02/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 44-year old female who reported an injury on 04/21/2014. The mechanism of injury reportedly occurred when the injured worker reached for a metal door which was closing on her hand and the injured worker pulled her hand out and twisted her body. Her diagnoses include left hand crush injury, left upper extremity neuropathy, left shoulder sprain/strain, clinical impingement, and lumbar spine sprain/strain with myospasms. She has had eleven (11) sessions of therapy for left hand. An MRI of the left wrist with flex-ext was performed on 08/29/2014. The physician's evaluation dated 08/11/2014 noted the injured worker had mild to moderate pain with tingling and numbness. The injured worker reported increased pain with grabbing and grasping and decreased pain with medication. The physical examination showed no instability, the injured worker had tenderness upon palpation of the left carpal bones and wrist joint, full range of motion was noted with pain at end ranges. Orthopedic testing revealed a negative Tinel's and a positive Phalen's test. The injured worker's strength was 2+/5. The injured worker's medications included Cyclobenzaprine 10mg and Naproxen SOD 550mg. The treatment plan included 1 Range of Motion and muscle strength testing for the left hand. The Request for Authorization Form was dated 07/01/2014. The physician's rationale for the request was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Range of Motion and muscle strength testing for the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257-258.

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, Flexibility.

Decision rationale: The request for Range of Motion and muscle strength testing for the left hand is not medically necessary. The injured worker has participated in eleven (11) therapy sessions. As documented in the physician's note dated 08/11/2014, the physical examination showed no instability, the injured worker had tenderness upon palpation of the left carpal bones and wrist joint, full range of motion was noted with pain at end ranges, and strength was 2+/5. The Official Disability Guidelines note flexibility testing is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The relation between range of motion measures and functional ability is weak or nonexistent. An inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. The guidelines note computerized measures of range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value is not recommended. There is a lack of documentation which demonstrates why the injured worker would require assessment with computerized range of motion as opposed to traditional methods of range of motion assessment. Additionally, the guidelines note computerized measures of range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value is not recommended. As such, the request is not medically necessary.