

Case Number:	CM14-0080087		
Date Assigned:	07/18/2014	Date of Injury:	02/09/2013
Decision Date:	09/24/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/30/2014

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 and Rehabilitation 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 injured worker is a 39-year-old female who reported an injury on 02/09/2013. The mechanism of injury is described as repetitive use of upper extremities above shoulder level, and lifting and carrying boxes weighing around 30-47 pounds. The injured worker has diagnoses of post right index finger fracture and abdominal pain. The injured worker's surgical history includes two unspecified surgeries on her right index finger. Diagnostic studies were noted to include unofficial electromyography/nerve conduction velocity studies on an unknown date but were negative. Other therapies included work modification. The last progress note dated 04/04/2014, noted complaints of right index finger pain, right hand weakness and abdominal pain. Objective findings included decreased range of motion of the right index finger, decreased grip strength and decreased pinch strength. A request was made for computerized range of motion and muscle testing for the right hand was denied on 05/05/2014 by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized Range of Motion AND Muscle Testing for the Right 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Forearm, wrist and hand, Computerized muscle testing.

Decision rationale: CA MTUS guidelines do not discuss the issue in dispute and hence ODG have been consulted. As per ODG, computerized range of motion (ROM) is not recommended as a primary criteria, but should be a part of a routine musculoskeletal evaluation. The guidelines indicate that the examiner should determine range of motion actively and passively as part of the normal exam and an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way. In this case, there is no rationale submitted for performing ROM and muscle testing separately by computerized methods. Thus, the request for computerized testing is not medically necessary or appropriate.