

<b>Case Number:</b>	CM14-0086737		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	06/30/2011
<b>Decision Date:</b>	12/23/2014	<b>UR Denial Date:</b>	05/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 06/30/11 when, while working as a fork lift operator, he sustained a burn to the left upper extremity while transferring liquid propane. The claimant was seen on 02/07/14. He was having ongoing left hand pain. Physical examination findings included contractures of the third through fifth fingers. He was continued at temporary total disability. He was to continue taking medications. On 05/06/14 the claimant underwent computerized range of motion and muscle testing measurements. He was seen on 06/19/14. He was having constant left forearm and wrist pain. Physical examination findings included decreased left wrist range of motion with positive Tinel's and Phalen's testing. There was abnormal finger sensation. He was determined to be at maximum medical improvement and was given an 8% whole person impairment rating.

### 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 of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Medical Association; Guides to the Evaluation of Permanent Impairment, Fifth Edition

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 257. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Range of motion (ROM)

**Decision rationale:** The claimant is more than 3 years status post work-related injury and continues to be treated for the residual effects of a burn injury to the left upper extremity. He has contractures of the third through fifth digits. Guidelines address range of motion which should be a part of a routine musculoskeletal evaluation. In this case, the claimant's primary treating provider would be expected to be able to measure strength and flexibility of the upper extremities. Therefore the requested computerized testing was not medically necessary.