

Case Number:	CM14-0211880		
Date Assigned:	12/24/2014	Date of Injury:	05/23/2010
Decision Date:	02/27/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 39-year-old female with date of injury of 05/23/2010. The listed diagnoses from 09/17/2014 are: 1. Right carpal sprain/strain and 2. Rule out carpal tunnel syndrome (median nerve entrapment at the right wrist). According to this report, the patient complains of right wrist and hand pain that is moderate to severe. The pain was aggravated by gripping and grasping. The patient reports numbness in her thumb when writing. Examination shows a +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. Bracelet test was positive on the right. Left wrist Jamar dynamometer readings were 40/36/36, and right wrist readings were 26/26/26. The treatment reports from 08/11/2014 to 09/17/2014 were provided for review. The utilization review denied the request on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow up visit with range of motion measurement and addressing activities of daily livings (ADLS), right hand, right elbow: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd edition, Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor, and Official Disability Guidelines (ODG)/Integrated Treatment Guidelines and Official Disability Guidelines (ODG) -

Treatment in Workers Comp (TWC) 2nd Edition, Disability Duration Guidelines /Work Loss Data Institute

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: This patient presents with right hand and right wrist pain. The treating physician is requesting a follow up visit with range of motion measurements and addressing activities of daily livings (ADLs) of the right hand and right elbow. The ACOEM guidelines, page 341, supports orthopedic follow-up evaluations every 3 to 5 days, whether in person or in telephone. In this case, the ACOEM guidelines support follow-up evaluations. Therefore, this request is medically necessary.