

Case Number:	CM14-0215634		
Date Assigned:	01/05/2015	Date of Injury:	01/23/2014
Decision Date:	02/28/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/23/2014

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 & Rehabilitation

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 45-year-old female with a date of injury of 01/23/2014. According to progress report dated 09/25/2014, the patient presents with left hand pain. She is now 1-month status post trigger finger release and is doing very well. She still has some residual stiffness, soreness, and pain. The patient reports a recent flareup of her de Quervain's tenosynovitis. The patient also has some concerns about her right side as she feels this pain has gotten worse. She would like to participate in physical therapy for the right side, at the same time; she is rehabbing her left side. Physical examination of the left hand revealed healed incision. There is still some sensitivity over this area. She is unable to make a fist and has decreased grip strength. She is neurovascularly intact. Examination of the right wrist revealed continued tenderness over the de Quervain's area with positive Finkelstein and some pain in the CMC joint with decreased grip strength. The listed diagnoses are: 1. Right shoulder impingement without rotator cuff tear. 2. History of de Quervain's release in 2004 and status post two injections in 2012 and second in 2013. 3. Left hand middle and ring finger trigger fingers status post injection. Status post trigger finger release, August 2014. Treatment plan is for physical therapy 2 times a week for 6 weeks. This is a request for muscle test 2 limbs. The utilization review denied the request on 12/05/2014. Treatment reports from 07/24/2014 through 09/25/2014 were provided for review. The progress reports do not discuss the requested muscle test.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV right arm.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Wrists/Hand Chapter, Computerized Muscle Testing; Range Of Motion/Flexibility

Decision rationale: This patient presents with bilateral wrist pain. The current request is for muscle test 2 limbs. The ODG Guidelines under its wrists/hand chapter has the following regarding computerized muscle testing, "Not recommended. There are no studies to support computerized strength testing of the extremities. The extremities have advantage of comparison to the other side. There is no useful application of such and potentially sensitive computerized test. Definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to multitude of factors that always vary human performance. This would be an unneeded test. ODG further states under range of motion/flexibility, "Not recommended as primary criteria, but should be a part of routine musculoskeletal evaluation." ODG Guidelines considers examination such as muscle testing to be a part of a routine muscular evaluation. Muscle test should be part of an examination performed during office visitation, and the request for this testing as a separate individual item cannot be recommended. The requested muscle test 2 limbs is not medically necessary.