

Case Number:	CM14-0217306		
Date Assigned:	12/31/2014	Date of Injury:	01/15/2014
Decision Date:	03/09/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/29/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 65-year-old woman who sustained a work-related injury on January 15, 2014, the patient developed chronic left shoulder and hand pain for which the patient underwent left wrist surgery in 2005 and 2008. According to a progress report dated on October 28, 2014, the patient was complaining of left wrist pain with a severity rated 7/10 with spasm the patient physical examination demonstrated left wrist tenderness. The patient was diagnosed with the state post left wrist surgery, left wrist contusion. The provider request authorization for range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion testing: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper back Complaints Page(s): 171.

Decision rationale: According to MTUS guidelines, in Forearm, Wrist, and Hand Complaints chapter, and in section Regional Examination of Forearm, Hand, and Wrist, because they are interrelated structures, the forearm, wrist, and hand can be examined together for observation of any swelling, masses, redness, deformity, or other abnormality. This examination may be followed by evaluating active and passive range of motion within the patient's limits of comfort with the area as relaxed as possible. Based on the above, Range of motion testing including wrist range of motion is a part of routine physical examination testing and does not require special referral or request. Therefore, the request is not medically necessary.