

Case Number:	CM15-0001298		
Date Assigned:	01/12/2015	Date of Injury:	10/15/2014
Decision Date:	05/29/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 injured worker is a 36- year old female who sustained an industrial injury on October 15, 2014. She reported the injury was due to repetitive use. The diagnoses include carpal tunnel syndrome, tendonitis/bursitis of the hand and wrist, headache and sleep disorder. Treatment to date has included pain management with medications, physical therapy and routine monitoring. Currently, the injured worker complains of headaches and bilateral severe wrist pain. The pain is described as throbbing and worsens by noise and stress. The worker also reported sleep disturbances, severe right eye pain and loss of vision with burning. On December 12, 2014, the Utilization Reviewer non-certified a review of retro-range of motion measurement addressing activities of daily living. The reason for non-certification was because the worker had measures of range of motion on October 28, 2014 and November 25, 2014 and the values were the same with functional improvement documented as the ability to put clothes in her washing machine. The documentation did not contain physical therapy results between the dates, the worker had been non-compliant with previous physical therapy, and there was no additional physical therapy requested. The ODG, Pain, Functional Improvement guidelines were cited. On December 22, 2014, the injured worker submitted an application for IMR for review of retro-range of motion measurement addressing activities of daily living completed November 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro range of motion measurement (ROM) addressing ADL's done 11/25/2014: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) | Functional improvement measures.

Decision rationale: The injured worker sustained a work related injury on October 15, 2014. The medical records provided indicate the diagnosis of carpal tunnel syndrome, tendonitis/bursitis of the hand and wrist, headache and sleep disorder. Treatment to date has included pain management with medications, physical therapy and routine monitoring. The medical records provided for review do indicate a medical necessity for Retro range of motion measurement addressing ADL's done on 11/25/2014. The MTUS is silent on this. The Official Disability Guidelines recommends the use of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. This includes the use of work Functions and/or Activities of Daily Living, or Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be documented in degrees. The records indicate she had goniometer measurements of the wrists in 10/2014 and 11/2014 with similar results; she has not been compliant with the prescribed physical therapy. The requested assessment is not medically necessary and appropriate, because the assessment is aimed at evaluating the outcome of the treatment, but in this particular instance she has failed to comply with the proscribed treatment.