MAXIMUS Federal Services

Case Number:	CM15-0114725		
Date Assigned:	06/23/2015	Date of Injury:	10/15/2014
Decision Date:	07/22/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/15/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 10/15/2014. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having carpal tunnel syndrome with median nerve entrapment at the wrist, tendinitis/bursitis of the hand/wrist, tension headache, and sleep disorder. Treatment and diagnostic studies to date has included acupuncture, electro-myogram with nerve conduction study, and medication regimen. In a progress note dated 03/23/2015 the treating physician reports complaints of constant, severe, throbbing pain to the head and complaints of constant severe, cramping pain to the bilateral hands and wrists. The injured worker also has a loss of sleep and burning with loss of vision to the right eye. Examination reveals tenderness and spasm to the bilateral wrists, positive carpal Tinel's sign bilaterally, positive Guyon Tinel's sign on the right, positive bracelet test bilaterally, and a positive Phalen's test bilaterally. The treating physician requested range of motion measurement testing and a qualified functional capacity evaluation of the bilateral wrists, but the documentation provided did not indicate the specific reason for the requested evaluation and testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic, Flexibility.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 320-328.

Decision rationale: According to the guidelines, range of motion and exercise is recommended for improving function and during education for therapy. Additional therapy and range of motion should be done in a home based program. In this case, there was a request for testing rather than therapy or education for home exercise and range of motion. The request was also not substantiated in the clinical notes. The request for range of motion testing is not medically necessary.

Quantitative Functional Capacity Evaluation (QFCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning/work hardening Page(s): 125-126. Decision based on Non-MTUS Citation ACOEM Chapter 7, pages 137-138.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 48, Chronic Pain Treatment Guidelines Functional Capacity Page(s): 48.

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case, there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. Substantiation for a functional capacity evaluation was not provided. As a result, a functional capacity evaluation for the dates in question is not medically necessary.