

Case Number:	CM15-0125711		
Date Assigned:	07/10/2015	Date of Injury:	02/17/2015
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina

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 27 year old male, who sustained an industrial injury on 2/17/15. The injured worker has complaints of intermittent moderate sharp left hand pain/left middle finger pain/stiffness with numbness, tingling and weakness, associated with grabbing/grasping, gripping and squeezing. The documentation on examination of the left hand noted there was tenderness to palpation of the palmar aspect of the left hand and tenderness dorsum of the left hand and left ring finger. The documentation noted the range of motion was decreased and painful. The diagnoses have included left hand/left ring finger crush injury and left hand sprain/strain. Treatment to date has included padded finger splint with coban dressing; left hand X-ray; diclofenac; pantoprazole; norco; tylenol #3 and topical cream for pain. The request was for range of motion test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion test: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The ODG states that range of motion should be a part of the standard physical examination in the evaluation of a pain complaint. There is no need for specialized range of motion outside the standard exam. The provided clinical documentation for review contains no special circumstances that would contradict these recommendations. Therefore the request is not medically necessary.