

Case Number:	CM15-0128757		
Date Assigned:	08/07/2015	Date of Injury:	09/19/2014
Decision Date:	09/10/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/02/2015

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: 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 injured worker was a 53 year old female, who sustained an industrial injury, September 19, 2014. The injured worker previously received the following treatments Alprazolam, Voltaren, Norco, compound analgesic creams and physical therapy. The injured worker was diagnosed with right trigger finger injury and right hand joint pain. According to progress note of May 12, 2015, the injured worker's chief complaint was moderate achy right hand pain with numbness, tingling and weakness associated with repetitive movement, repetitive gripping, repetitive squeezing, repetitive pushing and pulling repetitively. The injured worker was right hand dominate. The physical exam noted there was triggering of the right hand and finger. The middle finger had the worse symptoms. There was increased stiffness, decreased median nerve sensation. The range of motion was painful. There was tenderness with palpation of the palmar aspect of the right hand. The treatment plan included requested a range of motion testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) range of motion test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines functional improvement measures Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

Decision rationale: The patient presents with right hand pain. The request is for ONE (1) RANGE OF MOTION TEST. The request for authorization is not provided. Physical examination of the right hand reveals there is triggering at the right hand/finger, middle finger has the worst symptoms. Patient complains of increased stiffness, decreased median nerve sensation. The ranges of motion are painful. There is tenderness to palpation of the palmar aspect of the right hand. Per progress report dated 05/19/15, the patient is returned to modified work. MTUS guidelines page 48 does discuss functional improvement measures where physical impairments such as "joint ROM, muscle flexibility, strength or endurance deficits" include objective measures of clinical exam findings. It states, ROM should be documented in degrees. ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance 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. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. Treater does not discuss the request. Physical examination to the right hand reveals range of motion is painful. However, treater does not provide any discussion, explanation or medical rationale for the request. Range of Motion measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. However, Range of Motion Test is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.