

<b>Case Number:</b>	CM15-0067396		
<b>Date Assigned:</b>	04/15/2015	<b>Date of Injury:</b>	11/07/2009
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2015

### 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: Indiana

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 47 year old female, who sustained an industrial injury on 11/07/2009. On provider visit dated 02/10/2015 the injured worker has reported bilateral wrist pain and hand pain. On examination of the bilateral wrists pain with range of motion was noted bilaterally, positive Tinel's and Finkelsteins test bilaterally noted as well. The diagnoses have included right and left wrist sprain/strain, right and left hand pain rule out tenosynitis and right and left carpal tunnel syndrome via nerve conduction velocity. Treatment to date has included electromyogram, nerve conduction study test, ultrasound and medication. The provider requested Niosh Testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Niosh 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 (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 82-92.

**Decision rationale:** NIOSH testing is similar to Functional Capacity Evaluations, in that they both measure functional gains but the FCE is in the context of employment and being able to do the duties of a certain type. Here, the treating physician wants to use NIOSH testing as a way to monitor progress of physical therapy and other treatment modalities. Regarding physician assessment of employee function, MTUS states, "Determining limitations is not really a medical issue; clinicians are simply being asked to provide an independent assessment of what the patient is currently able and unable to do. In many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient." It is unclear why functional improvement through history and physical exams will not be sufficient to monitor this employee's progress with physical therapy and other treatments. Therefore, the request is not medically necessary.