

Case Number:	CM15-0077416		
Date Assigned:	04/29/2015	Date of Injury:	12/24/2013
Decision Date:	06/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/23/2015

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, 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:

This is a 50 year old female patient who sustained an industrial injury on December 24, 2013. The diagnoses include bilateral wrist rule out carpal tunnel syndrome and cervical spine myospasms. She sustained the injury due to repetitive activities. Per the progress note dated 4/2/2015, she had severe bilateral wrist pain, weakness to bilateral hands and intermittent neck pain rated a 6/10. Objective findings revealed tenderness to palpitation over radial aspect of right forearm, decrease range of motion with flexion of fourth digit and positive Finkelstein test. The medications list includes naproxen, prilosec, flexeril and menthoderml gel. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion: 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 Chapter, Flexibility.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Low Back (updated 05/15/15) Range of motion (ROM) Flexibility.

Decision rationale: ACOEM and CA MTUS do not address this request. Per the ODG guidelines range of motion testing/flexibility "Not recommended as a primary criteria. The relation between range of motion measures and functional ability is weak or nonexistent." Therefore, cited guidelines do not recommend computerized range of motion testing as primary criteria. Rationale for computerized range of motion testing is not specified in the records provided. The medical necessity of range of motion is not fully established for this patient. Therefore, the request is not medically necessary.