

Case Number:	CM15-0093703		
Date Assigned:	05/20/2015	Date of Injury:	10/09/2013
Decision Date:	06/25/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/14/2015

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, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review report dated April 9, 2015, the claims administrator failed to approve requests for range of motion testing at each office visit. The claims administrator referenced a progress note and associated RFA form of March 24, 2015 in its determination. The applicant's attorney subsequently appealed. On May 7, 2015, the applicant reported ongoing complaints of wrist pain status post earlier wrist surgery of April 21, 2015. The applicant had undergone a wrist fusion surgery, it was reported. Norco, diclofenac, Norflex, and tramadol were renewed. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a separate handwritten work status report dated May 7, 2015, it was acknowledged that the applicant was off work, on total temporary disability. An April 20, 2015 handwritten note also suggested that, the applicant was off work, on total temporary disability. On April 9, 2015, 7/10 wrist pain was noted. Topical compounded medications; naproxen, Norflex, and tramadol were seemingly renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Test - test will be done once by Primary Treating Physician (PTP) at every monthly visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guides to the Evaluation of Permanent Impairment, 5th edition: Evaluating abnormal motion.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: No, the proposed range of motion testing at each office visit was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 11, page 257, an attending provider should evaluate an applicant's active and passive range of motion as part of his regional evaluation of the forearm, wrist, and hand. The request for formal computerized range of motion testing, thus, runs counter to ACOEM principles and parameters as ACOEM stipulates that an applicant's wrist range of motion be determined actively and passively, as part and parcel of an attending provider's usual and customary evaluation. Therefore, the request was not medically necessary.