MAXIMUS Federal Services

Case Number:	CM13-0017638		
Date Assigned:	06/11/2014	Date of Injury:	05/02/2001
Decision Date:	07/28/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/28/2013

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52-year-old female, who sustained an injury on May 2, 2011. The mechanism of injury was not noted. The findings from an exam dated August 9, 2013, included complaints of left elbow and left wrist pain, rated as 7-8/10. Exam findings included surgical scars at the true left elbow and left wrist, full, but painful range of motion, and hypersensitive left elbow scar. Diagnostics have included functional capacity evaluation dated July 16, 2013. The treatments have included: left elbow and left wrist surgeries. The current diagnoses are: bilateral wrist sprain, aggravation; bilateral elbow sprain, aggravation; compression neuropathy; right shoulder sprain, aggravation; carpal tunnel syndrome, aggravation. The stated purpose of the request for work hardening three (3) times a week for six (6) weeks was to improve sitting, walking, standing, active range of motion, strength and lifting so that the injured worker may return to the work force. The request for work hardening three (3) times a week for six (6) weeks was denied on August 20, 2013, citing a lack of documentation of: completed treatments, psych issues, success or failure of other levels of care. Per the July 16, 2013 Functional Capacity Evaluation, the injured worker is unable to perform her usual and customary work duties, principally due to left upper extremity functional deficits. Per the most recent report dated September 6, 2013, the treating physician noted that the injured worker complains of continued pain to both wrists and forearms. An exam shows left hand and elbow tenderness; well-healed surgical scars; full, but painful range of motion at the wrists and elbows; negative Tinel and Phalen signs bilaterally; hypersensitive left elbow scar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening three (3) times a week for six (6) weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening Page(s): 125-126.

Decision rationale: The injured worker has persistent left elbow and left wrist pain. The Chronic Pain Treatment Guidelines recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal; specific job demands; documented on-the-job training; evaluation of possible psychological limitations; be less than two (2) years post-injury; and treatment not to be longer than one to two (1-2) weeks, without evidence of patient compliance and demonstrated significant gains. This information has not been documented by the treating physician. Therefore, based on the currently available information, work hardening three (3) times a week for six (6) weeks is not medically necessary.