

Case Number:	CM13-0049359		
Date Assigned:	12/27/2013	Date of Injury:	11/08/2012
Decision Date:	03/13/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/07/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in Texas. 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 physician 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 patient is a 44-year-old female who reported injury on 11/08/2012. The mechanism of injury was not provided. The patient was noted to have a right wrist flexor tenosynovectomy and a right carpal tunnel release on 09/10/2013, and subsequently undergo physical therapy. The patient was noted to have wound discomfort and associated weakness in her hand. The patient's diagnosis was noted to be status post right carpal tunnel release. The request was made for work hardening and strengthening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening for Post-Op Right Carpal Tunnel Release QTY:12.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines Section Work Hardening Page(s): 125, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand Complaints Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Work Hardening Page(s): 125.

Decision rationale: The California MTUS Guidelines indicate admission for a work hardening program include work-related musculoskeletal condition must have functional limitations

precluding ability to safely achieve current job demands, which are in the medium or higher demand level and indicate that a functional capacity evaluation (FCE) may be required, showing consistent results with maximal effort, demonstrating capacities below an employer-verified physical demands analysis. The clinical documentation submitted for review failed to indicate the patient had functional limitations precluding the ability to safely achieve her current job demands. There was a lack of documentation indicating the patient's current job demands and a lack of documentation indicating the patient had a Functional Capacity Evaluation. Additionally, there was a lack of documentation indicating the duration of the requested care, as a work hardening program is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Given the above, the request for work hardening for postop right carpal tunnel release, QTY: 12.00, is not medically necessary.