

<b>Case Number:</b>	CM13-0053300		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/18/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 48-year-old female who was reportedly injured on April 18, 2013. The mechanism of injury was noted as a repetitive work. The most recent progress note dated October 2, 2013, indicated that there were ongoing complaints of bilateral finger pain with weakness, numbness, and swelling, as well as upper and lower back pains. There were no complaints of radiation to the upper or lower extremities. The physical examination demonstrated tenderness, spasms, and swelling over the bilateral wrists and hands. There was a positive Phalen's and Tinel's test. Muscle strength was rated at 4/5 in the hands, and there was essentially normal hand and wrist range of motion. The previous treatment included physical therapy, acupuncture, chiropractic treatment and oral medications. The treatment plan included nerve conduction studies of the upper extremities and chiropractic care as well as physical therapy. A request had been made for work hardening three times a week for two weeks for the cervical and lumbar spine and was not certified in the pre-authorization process on October 18, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening Three Times a Week for Two Weeks Cervical, Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**Decision rationale:** Participation in a work conditioning/hardening program should only be considered after the injured employee has reached a plateau after conservative treatment. Additionally, the future surgery should not be warranted. According to the most recent progress note dated October 2, 2013, the injured employee may have had symptoms of carpal tunnel syndrome, and future surgery for this may be pursued. Additionally, the injured employee was still participating in a home exercise program, and prior efficacy of treatments for the cervical and lumbar spine had not been established. Future chiropractic care was also recommended. For these reasons, this request for a work hardening program three times a week for two weeks for the cervical and lumbar spine is not medically necessary at this time.