

Case Number:	CM13-0062066		
Date Assigned:	05/07/2014	Date of Injury:	11/08/2012
Decision Date:	06/12/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/05/2013

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 General Surgery 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 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 44-year-old female with an injury reported on 11/08/2012. The mechanism of injury was not provided within the clinical notes. The clinical note dated 10/30/2013, reported that the injured worker complained of pain to right hand and wrist. The clinical note dated 10/23/2013 reported that the injured worker was status-post right carpal tunnel release, with discomfort and weakness to her hand. The physical examination findings reported sensation to middle fingers intact bilaterally. The injured worker had some slight hypoesthesia to light touch and pinwheel testing in the right thumb tip. The injured worker's diagnosis includes status-post right carpal tunnel release. The request for authorization was submitted on 12/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 SESSIONS OF WORK CONDITIONING: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125-126.

Decision rationale: The injured worker complained of pain to the right hand and wrist. The injured worker is status-post right carpal tunnel release. The Chronic Pain Guidelines

recommend ten (10) visits over eight (8) weeks for work conditioning. According to the Official Disability Guidelines, work conditioning amounts to an additional series of intensive physical therapy (PT) visits required beyond a normal course of PT, primarily for exercise training/supervision (and would be contraindicated if there are already significant psychosocial, drug or attitudinal barriers to recovery not addressed by these programs). Work conditioning visits will typically be more intensive than regular physical therapy visits, lasting two (2) or three (3) times as long. Per clinical information provided, the provider requested work hardening and strengthening to be included in her therapy. The therapy note reported that the injured worker complained of difficulty blowing nose, unable to open jars or bottles and unable to bear weight through hand. It was also noted that the injured worker had decreased range of motion, decreased strength and increased pain at surgical site. The range of motion and strength are not provided in the clinical information, making it unable to determine the injured worker's progress in therapy. There is a lack of clinical information provided on the injured worker's prescribed medications list, and if the injured worker is taking medication appropriately. There is also a lack of clinical information provided to determine the injured worker's willingness of participation in current therapy. Also, the request exceeds the guideline recommended ten (10) visits; therefore, the request for twelve (12) sessions of work conditioning is non-certified.