MAXIMUS Federal Services

Case Number:	CM13-0062377		
Date Assigned:	03/03/2014	Date of Injury:	12/07/2011
Decision Date:	05/26/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/06/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 52-year-old female injured on December 7, 2011. On May 9, 2012, she underwent repair of a right extensor pollicis longus tendon and right extensor carpi longus tendon. Postoperatively, more than 50 sessions of occupational therapy have been provided. At the follow-up exam on October 2, 2013, the claimant reported continuing intermittent hand pain, moderate in nature. A work hardening program was recommended. During a follow-up visit dated February 5, 2014, [redacted] diagnosed Kienböck's disease of the right wrist status post-surgery with arthrosis of the right thumb carpometacarpal joint. Pain management was recommended due to ongoing complaints of pain. The examination demonstrated restricted range of motion at the endpoints of left wrist movement with diminished grip strength and no neurologic dysfunction. This request is for 12 sessions of a work hardening program for the right hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT THERAPY WORK HARDENING 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning.

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

Decision rationale: Based on California MTUS Chronic Pain Medical Treatment Guidelines, the requested 12 work hardening sessions cannot be supported. Chronic Pain Guidelines criteria for a work hardening program would include evidence of a functional capacity evaluation that shows consistent results with maximal effort and a program parameter of no more than 10 visits over an eight-week period. The reviewed clinical records failed to demonstrate a functional capacity examination assessment. Furthermore, the request for 12 sessions of a work conditioning program exceeds guideline criteria. This request would not be indicated.