

Case Number:	CM14-0001516		
Date Assigned:	01/22/2014	Date of Injury:	04/01/2013
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	01/05/2014

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 Occupational Medicine, 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 was injured on 04/01/13. She has diagnoses of right carpal tunnel syndrome, lesion of the ulnar nerve at the elbow, medial and lateral epicondylitis, and tendinitis/bursitis of the hand/wrist. An FCE dated 10/18/13 revealed functional limitations and a sedentary capacity (her job is light.) She saw [REDACTED] on 11/20/13 and NCV/EMG report was pending. She had completed 17 PT visits but had reached a plateau. Ten work hardening sessions were recommended along with a stimulator. The request was denied. She saw [REDACTED] on 12/30/13 for her right elbow, wrist, and hand. She complained of frequent moderate to severe pain in the wrist and hand and intermittent moderate to severe pain in her elbow. [REDACTED] recommended a carpal tunnel release. He stated that the NCS revealed severe carpal tunnel syndrome. Tinel's and Phalen's tests were positive on the right. She was released to restricted work until 03/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 WORK HARDENING VISITS FOR THE RIGHT ELBOW AND RIGHT WRIST OVER 4 WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The history and documentation do not objectively support the request for a work hardening program. At the time the program was ordered on 11/20/13, the claimant's electrodiagnostic test results were not available. The patient had reached a plateau in rehab. Since then, on 12/30/13, the results of the NCV/EMG showed severe carpal tunnel syndrome. [REDACTED] then recommended surgery. The MTUS Chronic Pain Guidelines state on p. 125 regarding work hardening, that the claimant should be "(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function." Therefore, since surgery has been recommended for this patient, the medical necessity of this request for work hardening has not been clearly demonstrated. The request is not medically necessary and appropriate.