

<b>Case Number:</b>	CM14-0005062		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	08/10/2012
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

This patient is a 46-year-old female with a date of injury of 08/10/2012. The listed diagnoses per [REDACTED] are: After-care for surgery of musculoskeletal system, right wrist and right hand, Carpal tunnel syndrome, Tendinitis/bursitis of the hand/wrist, Plantar fasciitis, Left ankle sprain/strain, My fasciitis. According to the report dated 12/06/2013 by [REDACTED], the patient presents with bilateral wrist and hand, and left ankle and foot complaints. Bilateral hand and wrist pain is reported as "severe" and described as "achy and stiff". The left ankle and foot pain is intermittent, moderate pain that is described as "dull". Examination of the wrists and hands revealed several incisions on the dorsum of the right hand and a large incision on the palmar side of the right wrist and hand. The reflexes of upper extremities are within normal limits. There was 2+ spasm and tenderness to the bilateral wrist extensors at insertion, right thenar eminence, and bilateral extensors. Tinel's carpal and Guyon's tests were both positive on the left. Bracelet test was positive bilaterally and Finkelsteins and Phalen tests were positive on the left. Examination of the ankle and feet revealed reflexes of lower extremity were within normal limits. There was +2 spasm and tenderness to the left anterior heel and left tibialis anterior at insertion. Treater is recommending patient participate in a work-hardening program 1 time a week for 10 weeks. Utilization review dated 01/03/2014 denied this request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING 1XWK X 10WKS BILATERAL WRISTS,LEFT ANKLE:** Upheld

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

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

**Decision rationale:** This patient presents with continued bilateral wrist and left ankle pain. The treater is requesting the patient participate in a work-hardening program 1 time a week for 10 weeks for the bilateral wrists and left ankle. Chronic Pain Medical Guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improved followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. Give the above the request is not medically.