

Case Number:	CM14-0005071		
Date Assigned:	01/24/2014	Date of Injury:	03/01/2012
Decision Date:	06/09/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	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 Occupational Medicine 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:

The patient is an employee of [REDACTED] who has submitted a claim for left shoulder and right knee pain associated from an industrial injury date of March 1, 2012. Treatment to date has included right carpal tunnel release (9/4/13), right knee arthroscopy (6/27/12), physical therapy, chiropractic therapy, functional restoration program, and medications which include Ultram, Tylenol, naproxen sodium, TGHOT, Vicodin, Motrin, Soma, and topical compound (Flubiprofen 10%, Diclofenac 10%, and Tramadol 10%). Medical records from 2012-2014 were reviewed, the latest of which dated January 29, 2014 revealed that the patient complained of constant moderate to severe pain in the bilateral wrists and hands that was described as sharp, throbbing and aching. The pain was aggravated by lifting, grasping, gripping, pushing and pulling. He reported swelling and numbness of the right hand. He also noted stiffness of his right thumb that is worse in the morning. The patient complained of constant moderate to severe sharp left shoulder pain. This was aggravated by lifting the left arm. The patient reported that the pain radiated to his left hand due to over compensating for the right wrist. He also noted pain that radiated into his neck. The patient complained of constant moderate sharp right knee pain that was made worse by walking and prolonged standing. On examination of the bilateral shoulder, there was +2 spasm and tenderness to the left upper shoulder and left rotator cuff muscles. Speeds test and supraspinatus test were positive on the left. On examination of the wrists and hands, there was a post-surgical scar on the right wrist. There was +4 spasm and tenderness of the bilateral wrist flexor and extensor muscles. Tinel's test and bracelet test were positive bilaterally. On examination of the knees, there was +3 spasm and tenderness of the right anterior joint line, right quadriceps muscle and right sartorius muscle. Valgus test, varus test and McMurray's test were positive on the right. Utilization review from January 6, 2014 denied the request for Work Hardening five times a week time two weeks for the

Right Wrist because the report submitted failed to provide documented objective evidence of an adequate trial of post-operative physical therapy with improvement followed by plateau, with evidence of no likely benefit from continuation of skilled therapy. Also, a formal psychological evaluation by a qualified professional was not provided to support the necessity of a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING FIVE TIMES A WEEK TIME TWO WEEKS FOR THE RIGHT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening.

Decision rationale: As stated on page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, criteria for work hardening program participation include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities; and ability to benefit from the program; no more than 2 years past date of injury. In this case, post-operative work hardening for the right wrist was requested due to complaint of constant moderate to severe pain, swelling, and numbness in the right hand after the patient underwent a carpal tunnel release on the right wrist (9/4/13). The patient has had previous physical therapy sessions, however, the documents submitted failed to provide objective evidence of an adequate trial of post-operative physical therapy with improvement followed by plateau, with evidence of no likely benefit from continuation of skilled therapy. An appeal letter was submitted last January 14, 2014 stating that the most recent clinical evaluation specified subjective and objective findings that would warrant a work hardening program. However, the documents submitted failed to provide a defined return to work goal agreed to by the employer & employee including a documented specific job to return to with job demands that exceed abilities. Also more than 2 years has passed since the date of injury (3/1/12), which is beyond the recommendation. Therefore, the request for Work Hardening Five Times a Week Time Two Weeks for the Right Wrist is not medically necessary.