

Case Number:	CM14-0005885		
Date Assigned:	02/07/2014	Date of Injury:	05/22/2008
Decision Date:	06/27/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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, 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 a 56-year-old female who has submitted a claim for tenosynovitis of the hand/wrist, tenosynovitis radial styloid, carpal tunnel syndrome, tendinitis of the shoulder, status post right carpal tunnel release and cubital tunnel release, and basal joint arthroplasty (5/10/13). Medical records from 3/10/13 to 2/3/14 were reviewed and showed that the patient complained of pain and stiffness over the right wrist/hand radiating to the right shoulder. Physical examination showed right wrist/hand tenderness over flexor and extensor surfaces. An old surgical scar is noted. Wrist flexion and extension, radial flexion, and ulnar flexion are restricted due to pain. There is good capillary refill. Sensation is intact. Treatment to date has included Elavil, Biofreeze gel, ibuprofen, Flexeril, Nabumetone, acetaminophen with codeine, naproxen, and physical therapy.

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 WRIST AND ELBOW:

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM GUIDELINES, CHAPTER 1-PREVENTION, 11

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines §§9792.20-9792.26 Page(s): 125.

Decision rationale: As stated on page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines, work hardening is recommended as an option for chronic pain. Criteria for a work hardening program (WHP) include a functional capacity evaluation showing consistent results with maximal effort, an adequate trial of physical or occupational therapy with improvement followed by plateau, being a poor surgical candidate, and having a defined return to work goal agreed to by the employer and employee. Guidelines also state that workers that have not returned to work by two years post injury may not benefit from a WHP. In this case, the patient had adequate sessions in physical therapy. She is a poor surgical candidate, and her employer reports that full duty job remains available upon full recovery. However, the medical records submitted for review failed to include a work capacity evaluation report. Furthermore, the patient has not returned to work six years post injury. As such, the request is not medically necessary.