

Case Number:	CM14-0006645		
Date Assigned:	03/03/2014	Date of Injury:	12/07/2011
Decision Date:	06/30/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/17/2014

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 & Rehabilitation, has a subspecialty in Sport Medicine and is licensed to practice in Texas. 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 injured worker is a 52-year-old female with reported injury date on 12/07/2011; the mechanism of injury was getting the right hand slammed in a car door. The diagnoses include right Kienbock's disease, status post right wrist arthroscopy with radial shortening osteotomy, status post right 2nd and 3rd dorsal compartment tendon repairs, minimal right thumb carpometacarpal joint osteoarthritis, and status post right wrist contusion. The clinical note dated 02/05/2014 noted that the injured worker complains of pain that is intermittent and localized to the right hand and wrist. Physical examination of the right wrist noted that swelling has diminished with no erythema noted. Range of motion of the wrist was measured at 60 degrees of flexion, 55 degrees extension, 40 degrees ulnar deviation, and 20 degrees of radial deviation. Examination of the right hand noted full range of motion of all digits and could flex to palmar crease with exception of the index finger which the injured worker could flex within 1 cm of her mid palmar crease. Sensation was intact to light touch in all digits. The injured worker's grip strength was tested using a Jamar dynamometer which measured the right hand strength at 0-0-0 kg as compared to the left hand which was 19-18-15 kg. The treatment plan included continuation with pain management and that the injured worker was scheduled to begin an unknown therapy. The request for outpatient work hardening program for the right wrist was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT WORK HARDENING PROGRAM FOR THE RIGHT WRIST: 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 Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: The California MTUS Guidelines state that work hardening programs may be recommended if specific criteria are met. These criteria includes documented functional limitations, therapeutic plateau, nonsurgical candidacy, defined return to work goal, and the injured worker must be no more than 2 years past date of injury. The medical necessity for this requested service has not been established. There was lack of evidence provided that the injured worker has reached a therapeutic plateau, is not considered a surgical candidate, and there is defined return to work goal. Additionally, the injured worker's date of injury is beyond 2 years. As such, this request is not medically necessary.