

<b>Case Number:</b>	CM14-0009956		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	09/12/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Pain 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 injured worker is a 39-year-old individual with an original date of injury of June 11, 2012. The mechanism of injury was a crush injury, and subsequently she developed neuropathic pain, hand pain, complex regional pain syndrome, and myofascial strain. The disputed requests is a referral to hand therapy and work hardening program to the right hand for 2 times a week and 3 weeks total. A utilization review determination had noncertified this request stating that relevant information required such as "specific determination of a specific job that the individual is required to return to" was not available.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **REFERRAL TO HAND THERAPY AND WORK HARDENING PROGRAM TO RIGHT HAND 2 TIMES A WEEK FOR 3 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 Work Hardening, Physical Medicine Section Page(s): 99, 125-126.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines on pages 125-126 specific the following regarding work condition and work hardening: "Recommended as an option,

depending on the availability of quality programs. Criteria for admission to a Work Hardening Program:

- (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).
- (2) After treatment with 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.
- (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.
- (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.
- (5) A defined return to work goal agreed to by the employer & employee:
  - (a) A documented specific job to return to with job demands that exceed abilities,
  - OR
  - (b) Documented on-the-job training
- (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.
- (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.
- (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.
- (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.
- (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.

The request for additional hand therapy referral 2 times a week for 3 weeks and work hardening program was seen in a progress note on date of service January 6, 2014. The patient is noted to continue work restrictions until seen by a qualified medical evaluator. There is no discussion of a specific return to work goal. Furthermore, at this juncture the patient is more than 2 years post injury, and guidelines recommend that the worker be no more than 2 years past the date of injury. This request is not recommended as medically necessary.