

Case Number:	CM14-0140720		
Date Assigned:	09/10/2014	Date of Injury:	10/23/2013
Decision Date:	11/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	08/29/2014

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, 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 32-year-old male who sustained an injury on October 23, 2013. He is diagnosed with laceration of the digital nerve at the radial side of the left thumb. He was seen for an evaluation on March 14, 2014. He complained of soreness, stiffness, and weakness of the left thumb. He is not working but he reported that he would like to attempt to return to work and that he feels that his condition is improving. Examination revealed tenderness over the left thumb on the radial side with pain to localized pressure. There was limited range of motion of the interphalangeal joint as well as of the metacarpophalangeal joint of the left thumb.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening and Strengthening Program Left Hand: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Work conditioning, work hardening

Decision rationale: Criteria for admission to work hardening program have not been met. There was no functional capacity evaluation indicated in the reviewed medical records. This is

necessary prior to initiating work hardening. Therefore the request for work hardening and strengthening program is not medically necessary.