

Case Number:	CM14-0176007		
Date Assigned:	10/29/2014	Date of Injury:	05/09/2013
Decision Date:	12/11/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery 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:

This is a 28-year-old female with a 5/9/13 date of injury. According to a progress report dated 9/16/14, the patient reported worsening symptoms in the right upper extremity and increased right elbow pain. She also reported numbness throughout the right hand and wrist. The patient reported mild persistent left wrist pain. The provider is requesting 12 visits of a work conditioning program for the patient. The provider noted that the patient experiences limited function and weakness in the right upper extremity. She wants to return to full duty work. Objective findings: limited range of motion of bilateral wrists, pain with flexion. Diagnostic impression: early left wrist tendinitis, right mild carpal tunnel syndrome per EMG/NCV, right wrist tendinitis, status post right carpal tunnel release. Treatment to date: medication management, activity modification, right carpal tunnel release on 5/6/14, physical therapy, home exercise program. A UR decision dated 9/29/14 denied the request for work conditioning. There is no current assessment of job demands. There are no PT notes to determine the efficacy of her treatments. There are no extenuating circumstances noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning X 12 Visits Right Wrist: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125.

Decision rationale: CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. However, in the present case, there is no documentation of the patient's job description or what physical activities are required for his work. In addition, there is no documentation provided regarding functional improvement from previous physical therapy. Furthermore, guidelines support up to 10 visits over 4 weeks, and this request for 12 visits exceeds guideline recommendations. Therefore, the request for Work Conditioning X 12 Visits Right Wrist was not medically necessary.