

Case Number:	CM14-0182564		
Date Assigned:	11/07/2014	Date of Injury:	01/16/1997
Decision Date:	12/30/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/03/2014

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:

This 56 year-old patient sustained a repetitive use injury of bilateral wrists and hands as data entry personnel on 1/16/1997 while employed by [REDACTED]. Request(s) under consideration include Hand therapy for work conditioning to the bilateral wrist for 12 sessions three times a week for four weeks. Diagnoses include de Quervain's tenosynovitis s/p (status post) De Quervain releases in 1993 for the right and 1999 for the left and bilateral carpal tunnel syndrome. Report of 6/24/14 from the provider noted ongoing complaints of bilateral wrist/hand pain rated at 4-9/10; taking topical cream and Norco. Treatment plan included Norco and PT. Report of 8/26/14 from the provider noted chronic ongoing pain of the extremities. Exam showed right wrist with full range of motion; healed surgical scar; no signs of CRPS (complex regional pain syndrome)/infection; positive Finkelstein test; negative CMC (Carpometacarpal) grind test; no triggering; negative Phalen's and Tinel's; positive compression test; 4+/5 grip strength. The request(s) for Hand therapy for work conditioning to the bilateral wrist for 12 sessions three times a week for four weeks was non-certified on 10/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy for work conditioning to the bilateral wrist for 12 sessions three times a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: This 56 year-old patient sustained a repetitive use injury of bilateral wrists and hands as data entry personnel on 1/16/1997 while employed by [REDACTED]. Request(s) under consideration include Hand therapy for work conditioning to the bilateral wrist for 12 sessions three times a week for four weeks. Diagnoses include de Quervain's tenosynovitis s/p De Quervain releases in 1993 for the right and 1999 for the left and bilateral carpal tunnel syndrome. Reports of 5/30/14 and 6/24/14 from the provider noted ongoing complaints of bilateral wrist/hand pain rated at 4-9/10; taking topical cream and Norco. Treatment plan included Norco and PT. Report of 8/26/14 from the provider noted chronic ongoing pain of the extremities. Exam showed right wrist with full range of motion; healed surgical scar; no signs of CRPS/infection; positive Finkelstein test; negative CMC grind test; no triggering; negative Phalen's and Tinel's; positive compression test; 4+/5 grip strength. The request(s) for Hand therapy for work conditioning to the bilateral wrist for 12 sessions three times a week for four weeks was non-certified on 10/27/14. Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for therapy. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available; however, the patient was noted to be working. The worker must be no more than 2 years past date of injury; however, the patient is now almost 18 years out and is already working full time. Criteria for work conditioning have not been met or established in this case. The Hand therapy for work conditioning to the bilateral wrist for 12 sessions three times a week for four weeks is not medically necessary and appropriate.