

Case Number:	CM14-0023107		
Date Assigned:	05/30/2014	Date of Injury:	03/02/2011
Decision Date:	07/11/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/24/2014

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 Mississippi. 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 59-year-old male injured on March 2, 2011. The mechanism of injury was stated to be an injury to the thumb sustained during a fall while climbing a ladder. The most recent progress note, dated March 18, 2014, does not indicate what subjective complaints the injured worker has. The physical examination noted healed operative wounds. Another note dated December 11, 2013 stated that there was tenderness in the region of the basilar joint without gross instability. The assessment on December 11, 2013, was post basilar joint reconstruction. The assessment on March 18, 2014 was post carpal tunnel release, post sensory branch of the radial nerve irritation, and low grade De Quervain's tenosynovitis. Treatment plan included to restart a work hardening rehabilitation program. A previous managed-care review dated February 14, 2014, denied a request for work conditioning/work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 WORK HARDENING SESSIONS, TWICE A WEEK FOR SIX WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

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

Decision rationale: According to the medical records provided the claimant has already participated in postoperative physical therapy and 10 out of 12 visits of work hardening. The Chronic Pain Medical Treatment Guidelines recommends work hardening and work conditioning programs for injured employees who have had adequate physical therapy with improvement followed by a plateau and not likely to continue to benefit with additional therapy. The claimant has participated in physical therapy although these notes do not state what type of progress has been made. Additionally return to work programs are not recommended for those who are more than two years past the date of injury. The claimant is now over three years past the date of injury and may not benefit from this program at this point. Therefore, the request for 12 work hardening sessions twice a week for six weeks is not medically necessary and appropriate.