

Case Number:	CM14-0030403		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2012
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/10/2014

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 Interventional Spine 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 patient is a 65-year-old male with a date of injury of 11/21/2012. The patient's diagnoses included status post 3 months left carpal tunnel release with symptom relief, 3 months post left radial and left ulnar thumb release, 3 months post excision of left dorsal wrist ganglion and 3 months post release of left FCR tunnel. According to progress report 02/19/2014 by [REDACTED], the patient presents with slight tenderness about the various surgical sites, especially the left volar radial wrist. He has wrist volar flexion 66 degrees and dorsiflexion 57 degrees. The physician recommends the patient continue with passive wrist stretching exercises. He also recommends "a 2-week work hardening or work conditioning program." The physician states the purpose of this request is to increase his strength and endurance so he can return to work. The utilization review denied the request on 02/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, Work Conditioning, Work Hardening, page(s) 125 and Non-MTUS Official Disability Guidelines (ODG), Physical Medicine Guidelines - Work Conditioning.

Decision rationale: This patient presents with slight tenderness about the various surgical sites, especially the left volar radial wrist. The physician is recommending 2 weeks of work hardening program to increase his strength and endurance so he can return back to work. MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of physical therapy with improved followed by plateau, non surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, there is no documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. Therefore the request is not medically necessary.