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| <b>Case Number:</b>   | CM14-0036805 |                              |            |
| <b>Date Assigned:</b> | 06/25/2014   | <b>Date of Injury:</b>       | 11/03/2010 |
| <b>Decision Date:</b> | 07/23/2014   | <b>UR Denial Date:</b>       | 02/26/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/26/2014 |

### 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 Minnesota. 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 female who reported an injury on 11/03/2010. The mechanism of injury was a slip and fall. The documentation of 12/19/2013 revealed the injured worker underwent a left wrist revision of a DeQuervain's release, neurolysis superficial branch radial nerve left forearm, and left carpal tunnel release on 02/06/2013. The injured worker's current complaints were difficulty using her left hand. The injured worker indicated it felt like the palm of her left hand was ripped open from the inside. The injured worker was unable to put her hand down flat. The thumb bothered her. It was indicated the injured worker was not taking medications. The recommendation was for a low-fat diet and exercise within the tolerances of pain. There was no DWC Form RFA nor PR-2 requesting the [REDACTED] nor the work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening program with weight loss:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines forearm, wrist, and hand.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The California MTUS Guidelines' criteria for admission into a work hardening program states there must be documentation of a work related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands which are in the medium or higher demand level. A functional capacity evaluation may be required, showing consistent results with maximum effort, demonstrating capacities below an employer-verified physical demands analysis. The clinical documentation submitted for review failed to indicate the injured worker had functional limitations and failed to indicate the type of position the injured worker previously was employed in. Additionally, there was a lack of documentation of a functional capacity evaluation. Additionally, the California MTUS/ACOEM Guidelines do not address weight loss. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that diet and exercise modifications are recommended as a first line intervention. There was a lack of documentation of a failure of the above treatment. There was no DWC Form RFA nor PR-2 submitted requesting a work hardening program with weight loss. Given the above, the request for a work hardening program with weight loss is not medically necessary.

██████████ **program 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes Chapter, Lifestyle (diet & exercise) modifications.

**Decision rationale:** The Official Disability Guidelines indicate that lifestyle, diet, and exercise modifications are recommended as first line interventions. There is a lack of documentation of a failure of a first line intervention. There was no DWC Form RFA nor PR-2 submitted requesting the ██████████ program. Additionally, there was a lack of documentation of the body mass index for the injured worker. Given the above, the request for a ██████████ program, 6 months, is not medically necessary.