

<b>Case Number:</b>	CM14-0042837		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	10/11/2013
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 41-year-old male who has submitted a claim for right shoulder partial rotator cuff tear, tendinitis/bursitis of bilateral hands/wrists, and carpal tunnel syndrome associated with an industrial injury date of October 11, 2013. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of intermittent right shoulder pain accompanied by numbness and tingling. Patient also complained of bilateral wrist and hand pain accompanied by numbness and tingling. Physical examination revealed tenderness and spasm of the right rotator cuff muscles and right upper shoulder. Codman's, Speeds, and Supraspinatus tests were positive on the right. There was tenderness over bilateral anterior wrists, bilateral posterior extensor tendons and bilateral thenar eminences. Tinel's and Bracelet tests were positive bilaterally. There was a decrease in the right C5 and C6 deep tendon reflexes. Treatment to date has included medications, acupuncture, physical therapy and work restrictions. Utilization review from March 21, 2014 denied the request for work hardening evaluation based on the fact that a large component of work hardening is psyche oriented but there is no psyche or chronic pain features in the patient's case. The patient was also just approved for additional physical therapy sessions. According to MTUS (shoulder/forearm/wrist/hand and chronic pain) Treatment Guidelines, the request was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Work Conditioning.

**Decision rationale:** According to page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. In this case, work hardening was requested to increase the patient's work capacity, increase activities of daily living, begin work restrictions, decrease the need for medications, decrease the visual analog scale rating, decrease swelling, and increase measured active range of motion. According to a work hardening screening expectation of improvement done last 5/19/14, the patient is recommended for participation in a work hardening program by meeting the 10 criteria listed on page 125 of the guidelines. The patient was declared temporarily totally disabled. His functional capacities are less than the medium category. He has had adequate conservative therapy with completion of a physical medicine program and has reached a plateau in recovery. He is not considered a surgical candidate. Report also mentioned that the patient has the physical and mental capacity to participate for 4 hours daily and that there was a defined return to work goal. The patient's injuries are less than 2 years. Guideline criteria have been met and the patient is a candidate for work hardening program; however, review of records indicate that the patient has already been approved work hardening/conditioning. Therefore, the request for Work hardening evaluation is not medically necessary.