

Case Number:	CM14-0054439		
Date Assigned:	07/07/2014	Date of Injury:	08/13/2012
Decision Date:	08/28/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/23/2014

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 Occupational Medicine 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 29-year-old male who has submitted a claim for ulnar sided left wrist pain with possible ulnar carpal impingement associated with an industrial injury date of 8/13/2012. Medical records from 2013 to 2014 were reviewed and showed that patient complained of left wrist pain rated at 7-8/10. Physical examination of the left wrist revealed DRUJ is stable. He has pain with loading of triangular fibrocartilage. The rest of the examination is unremarkable. Treatment to date has included cortisone injection and surgery. Utilization review dated 04/09/2014 denied the request for work hardening because there was no submitted documentation that the patient had adequate trial of neither PT nor his job description.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening - outpatient: 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.

Decision rationale: According to page 125 of CA MTUS Chronic Pain Medical Treatment Guidelines, some of the criteria for admission in the work hardening program include: (1) Work

related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. In this case, the patient's date of injury is less than 2 years however, there was no documentation submitted concerning functional outcomes from physical therapy to support improvement plateau. The medical necessity has not been established. Therefore, the request for Work Hardening is not medically necessary.