

Case Number:	CM14-0062713		
Date Assigned:	06/20/2014	Date of Injury:	08/20/2012
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/18/2014

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 & Rehabilitation, and is licensed to practice in Illinois. 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 45-year-old female with reported injury on 08/20/2012. The mechanism of injury was not provided. The injured worker had an exam on 02/07/2014 with complaints of constant, sharp pain to low back that was aggravated by bending and standing for long periods. The injured worker also complained of right wrist and hand sharp, burning pain aggravated by gripping, grasping and lifting. The injured worker complained of bilateral elbow pain as well. The exam found Kemp's test positive and the straight leg test was positive on the left side, yeoman's was positive bilaterally and Hibb's was positive on the right. On the elbow, Cozen's test was positive on the right and reverse Cozen's test was positive bilaterally. Tinel's was positive on the left. Tinel's test was positive on the right wrist and Finklestein's was positive on the right. There was not a medication list provided. The diagnoses were left cubital tunnel syndrome, carpal tunnel syndrome right wrist, lumbar disc displacement without myelopathy, medial and lateral epicondylitis of the bilateral elbows, tendinitis/ bursitis of hand/wrist, lumbar segmental dysfunction, metacarpophalangeal sprain/strain, anxiety and insomnia. The recommended treatment plan is a work hardening program for ten visits. The request for authorization and the rationale was signed 02/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING/CONDITIONING TIMES TEN (X10): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The request for work hardening/conditioning times 10 visits is non-certified. The California MTUS Guidelines recommend work hardening after treatment with as adequate trial of physical or occupational therapy with improvement followed by a plateau. There was a lack of documentation regarding physical or occupational therapy and the results. The MTUS guidelines also recommend screenings that include file review, interview, and testing to determine likelihood of success of the program. In this case, there was no documentation of a functional and psychological evaluation. There was not enough evidence provided to support the work hardening program. Therefore, the request is non-certified.