

Case Number:	CM14-0085203		
Date Assigned:	07/23/2014	Date of Injury:	10/04/2013
Decision Date:	12/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/06/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic wrist pain reportedly associated with an industrial injury of October 4, 2013. In a utilization review report dated May 6, 2014, the claims administrator denied a request for 12 sessions of work conditioning for the wrist and arm. The claims administrator stated that there was no evidence on file to support the proposition that the applicant had failed conventional physical therapy. The applicant's attorney subsequently appealed. In a progress note dated September 30, 2014, the applicant reported ongoing complaints of hand and wrist pain. The applicant was attending work conditioning as at this point in time, it was acknowledged. The applicant was also using a muscle stimulator and paraffin wax device. The applicant was given a diagnosis of right distal radius fracture. Some diminution of strength is appreciated about the right wrist versus the left. Work restrictions were endorsed, although it was not clearly stated whether the applicant was or was not working with said limitations in place. In a December 10, 2013 progress note, the applicant stated that she sustained a fracture of her wrist while separating two employees who were fighting. The applicant was no longer employed by her former employer and had apparently been terminated, it was stated. Multiple medications, including Naprosyn, tramadol, Protonix, and topical compounds were endorsed along with genetic testing. In a handwritten note dated February 3, 2014, topical compounds were again endorsed, along with MRI imaging of the wrist. It was stated that the applicant did not desire any surgical intervention. Protonix and tramadol were endorsed, along with DNA testing and unspecified topical compounds. The 12 sessions of work conditioning at issue were endorsed via a March 17, 2014, progress note. On that date, the applicant was given a 10-pound lifting limitation. Multiple medications and topical compounds were renewed. A multimodality transcutaneous electrotherapy device was also endorsed on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning for right wrist/arm Qty. 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
EVIDENCE CITATIONS FOR WORK CONDITIONING: TITLE 8, INDUSTRIAL RELA.
Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES- TWO
FOREARM WRIST AND HAND PROCEDURE SUMMARY

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work
Conditioning, Work Hardening Topic. Page(s): 125.

Decision rationale: As noted on page 125 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of a work conditioning and/or work hardening program is evidence that an applicant has a defined return to work goal agreed upon by the applicant and the employer. Here, however, it was acknowledged that the applicant had already been terminated by her former employer and no longer had a job to return to. It is not clear whether work conditioning was sought as the applicant did not have a clearly defined return to work goal as of the date of the request. Page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines further notes that another criteria for pursuit of work conditioning is evidence that an applicant has had an adequate trial of physical and/or occupational therapy with improvement followed by a plateau in an individual who is not likely to benefit from continued physical or occupational therapy or general conditioning. Here, however, it was not clearly established why the applicant could not attempt general conditioning/reconditioning through the context of a return to some form of work as opposed to via the formal work conditioning program sought here. Since several California MTUS criteria for pursuit of a work conditioning program were not met, the request was not medically necessary.