

<b>Case Number:</b>	CM14-0117339		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	05/21/2013
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Family Practice 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:

According to the medical records provided, the patient sustained an industrial injury on May 21 2013. The patient is status post right carpal tunnel release on March 7, 2014. The patient was seen on June 6, 2014 at which time it is noted that she has completed six out of eight visits of authorized physical therapy. She has numbness and tingling with holding objects for an extended period of time or after writing for a while with the right hands. She has minimal pain in her left wrist and hand. Right wrist range of motion is as follows dorsiflexion 45/60, palmar flexion 45/60, radial deviation 15/20, and ulnar deviation 15/30. She is diagnosed with status post right carpal tunnel release and bilateral wrist tendonitis. The report goes on to state that the patient wishes to go back to her usual and customary work duties; however her job is assembly of parts. Request is made for work conditioning for 12 visits for the right wrist and hand as the patient wants to do her regular work and remains weak. Utilization review was performed on June 26, 2014 at which time the request for work conditioning was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy for Work Conditioning, 12 visits to the Right Hand and Wrist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 124-125.

**Decision rationale:** The request for work conditioning is not supported. The MTUS Chronic Pain Medical Treatment Guidelines recommend 10 sessions of work conditioning, and the request for 12 sessions exceeds the number recommended by the guidelines. Furthermore, the patient has not completed the authorized physical therapy treatments as per the June 6, 2014 report. It is noted that patient wants to return to full duties and lacks strength. However, the medical records do not establish that post completion of physical therapy treatments. The patient will be unable to participate in an independently applied home exercise program to achieve additional strength. As such, the request for work conditioning is not medically necessary.