

Case Number:	CM14-0153950		
Date Assigned:	09/23/2014	Date of Injury:	03/04/2014
Decision Date:	10/13/2015	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on 03-04-2014. He has reported subsequent left neck, arm, wrist, and thumb pain and was diagnosed with neck, left wrist and left arm sprain or strain, lateral epicondylitis of the elbow and left ulnar nerve entrapment. Treatment to date has included oral and injectable pain medication, application of ice, wrist splint with thumb spica, occupational and physical therapy and surgery. Nerve conduction study on 06-05-2014 was consistent with moderate to severe left carpal tunnel syndrome, moderate left cubital tunnel syndrome and ulnar sensory nerve compression at the region of the left Guyon's canal and the injured worker underwent carpal tunnel surgery of the left wrist on 07-02-2014. In a progress note dated 08-26-2014 the injured worker reported 4 out of 10 pain worsened with forceful gripping, grasping and lifting over 10 pounds. The injured worker reported much improvement with pain. Objective examination findings showed range of motion of left elbow, full extension, flexion 5 less than the right side with full pronation and supination and slight restriction of range of motion of the wrist with no pain. The physician noted that the injured worker had an adequate trial of 12 physical therapy visits with improvement followed by plateau and that the injured worker was not likely to benefit from continued physical therapy or general conditioning alone. The physician noted that the injured worker was able to participate in a minimum of 4 hours per day for 3-5 days per week of work with a defined return to work goal agreed upon by the employee and employer. Work status was documented as modified. A request for authorization of work conditioning three times a week for four weeks for the left arm was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Three times a week for four weeks for the Left Arm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic), Work conditioning, work hardening.

Decision rationale: The claimant sustained a work injury in March 2014 and is being treated for neck and left upper extremity pain while performing his job duties in a machine shop. When seen, he was 6 weeks status post left carpal tunnel release, ulnar transposition, and epicondylar release, which was done on 07/02/14. He has completed 12 physical therapy and 11 occupational therapy treatments. There had been improvement. Work restrictions were not being accommodated. Physical examination findings included forearm soreness. There was decreased elbow flexion and slightly decreased wrist range of motion. There was decreased grip strength and slightly positive Finklestein testing. Criteria for admission to a Work Hardening Program include that a work related musculoskeletal deficit has been identified with deficits that preclude ability to safely achieve current job demands generally at the medium or higher demand level. A valid functional capacity evaluation should be performed with results that indicate consistency with maximal effort and that demonstrate capacities below an employer verified physical demands analysis. There should be evidence of prior treatment with an adequate trial of active physical rehabilitation with improvement followed by a plateau and no likely benefit from continuation of treatment. The claimant should not be a candidate for whom surgery, injections, or other treatments would clearly be warranted to improve function. There needs to be a specific defined return to work goal or job plan has been established, communicated and documented. If the criteria are met, 10 visits over 4 weeks, equivalent to up to 30 hours, can be recommended. In this case, there is no functional capacity evaluation result which would be needed prior to participating in a Work Hardening program. He was less than two months status post surgery with a six month physical medicine treatment period. Continued exercise would be expected to result in further improvement in the identified impairments in range of motion and strength. The number of sessions being requested is in excess of that recommended. A Work Hardening program was not medically necessary when this request was made.