

Case Number:	CM14-0187519		
Date Assigned:	11/17/2014	Date of Injury:	02/04/2014
Decision Date:	01/06/2015	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/10/2014

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 Orthopedic Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 sustained a work related injury on February 4, 2014, from a fall resulting in a right wrist injury. On June 26, 2014, the initial Primary Treating Physician evaluation noted the injured worker had underwent x-rays following the injury, reported to show a fractured right wrist. On February 25, 2014, the injured worker underwent right wrist surgery with a metal plate inserted. The injured worker remained in a cast for the following four weeks, with eight sessions of conservative therapy. The Physician noted the injured worker with frequent moderate pain in the right hand and wrist that radiated to the right shoulder. The Primary Treating Physician's progress report dated September 17, 2014, noted the injured worker with continued right wrist and hand pain. Physical examination was noted to show spasms and tenderness to the right wrist and right posterior extensor tendons, with the diagnostic impressions of aftercare for right carpal fracture surgery, and carpal sprain/strain of the right wrist. The Physician noted that the injured worker had completed three acupuncture sessions with significant improvement with increased activities of daily living including washing cups and making the bed. The Physician noted the injured worker was in the post-operative stage of therapy and requested authorization of post-operative work conditioning/hardening screening, and a post-operative qualified functional capacity evaluation. On October 9, 2014, Utilization Review evaluated the requests, citing the Official Disability Guidelines (ODG) Forearm, Wrist, and Hand, updated August 8, 2014. The UR Physician noted the injured worker was responding to conservative care without evidence of an adequate trial of active physical rehabilitation improvement followed by a plateau with evidence of no benefit from continued treatment. Since the injured worker was demonstrating improvement, the UR Physician noted the requests to be premature and not certified. The decision was subsequently appealed to Independent Medical Review. The injured worker is a 56-year-old female who reported a work related injury on 02/04/2014. The mechanism of injury

reportedly occurred due a fall. Her diagnoses were noted to include aftercare for surgery of the musculoskeletal system, right carpal fracture, and carpal sprain/strain of the right wrist. Her diagnoses were noted to include right carpal fracture and carpal sprain/strain of the right wrist. Her past treatments were noted to include surgical intervention, medication, and acupuncture treatment. The injured worker's diagnostic studies were not provided for review. Her surgical history was noted to include a cholecystectomy in 2011. Per the most recent clinical note dated 09/17/2014, the injured worker complained of frequent moderate pain that was described as burning. The pain was aggravated by gripping, grasping, and lifting. The injured worker reported that the pain radiated to her right shoulder. She also felt numbness and tingling over the right upper extremity. She reported frequent swelling of the fingers. Upon physical examination of the wrists and hands, the injured worker had a surgical scar on her right wrist. There was +3 spasm and tenderness to the right anterior wrist and right posterior extensor tendons. The bracelet test was positive on the right. The left wrist Jamar dynamometer readings were 44/36/40. The right wrist Jamar dynamometer readings were 6/6/6. It was noted that since the injured worker's last examination, she completed 3 of her authorized acupuncture sessions and showed significant functional improvement. The injured worker was noted to have increased activities of daily living since the last examination, to include the ability to wash cups and make her bed. The goals of the next sessions of acupuncture were to increase the injured worker's activities of daily living, begin work restrictions, decrease the need for medication, decrease the visual analog scale ratings, decrease swelling, and increase measured active range of motion. Her current medications were noted to include Gabapentin 10%/Ketoprofen 10% twice a day, Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5% twice a day, and Naprosyn 500 mg. The treatment plan consisted of postoperative work conditioning/work hardening screening and postoperative qualified Functional Capacity Evaluation. The rationale for the request was to objectively measure the injured worker's functional performance and to determine if the injured worker was a candidate for a work hardening program. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op Work conditioning/hardening screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Forearm, Wrist, & Hand

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The request for postoperative work conditioning/work hardening screening is not medically necessary. The California MTUS Guidelines state work conditioning/work hardening programs may be recommended as an option, depending on the availability of a quality program. Additionally, the guidelines state work conditioning/work hardening programs are appropriate after treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. However, in regard to the injured worker, it was

noted that she had functional improvement with acupuncture therapy. She was noted to have increased activities of daily living since her last assessment. Therefore, with evidence that the injured worker was responding well to conservative care with improved functional deficits with acupuncture, the request is not warranted. Therefore, the request for postoperative work conditioning/work hardening screening is not medically necessary.

Post-op Qualified Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Work Conditioning

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for duty, Functional capacity evaluation (FCE)

Decision rationale: The request for a postoperative qualified Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM Guidelines state to consider using a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations and to determine work capability. Additionally, the Official Disability Guidelines state Functional Capacity Evaluations are recommended prior to admission to a work hardening program, with preference for assessment tailored to a specific task or job. A Functional Capacity Evaluation may be considered prior to unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. In regard to the injured worker, there was no evidence of a prior unsuccessful return to work attempt. Additionally, it was noted within the documentation provided for review that the patient had functional improvement with therapy. Therefore, the request for a Functional Capacity Evaluation is not warranted.