

<b>Case Number:</b>	CM14-0190832		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	01/09/2015	<b>UR Denial Date:</b>	10/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/16/2014

### 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 Rehabilitation & Pain Management has a subspecialty in Interventional Spine 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 patient is a 62 year old male with a date of injury of 9/3/13. The listed diagnoses are injury of ligament of hand, displacement of cervical disc, sprain of shoulder, chronic pain syndrome, and psycho physiologic disorder. According to progress report 10/10/14, the patient presents with chronic right wrist pain that radiates into the right shoulder. Due to pain and the inability to work, the patient "feels burned out; patient feels stressed out." The patient is taking anti-inflammatories and has participated in 2 of the 6 acupuncture sessions that were prescribed. The MRI of the right wrist from 12/27/13 revealed disruption with subluxation of the scaphalunate ligament, edema with bone contusion around the proximal scaphoid bone and radiocarpal degenerative arthritis. The MRI of the cervical spine from 10/4/013 revealed moderate left-sided disc bulge at C6-7 with moderate left foraminal stenosis and mild right foraminal stenosis, there was moderate right and mild left foraminal stenosis at C5-6. The treater states that the patient is an excellent candidate for treatment in a structured work hardening program and "believes this would offer him an excellent opportunity to focus on specific rehabilitation modalities and education to place him in a position where he can effectively return back to his usual and customary job duties." The patient desires to return to work but possibly at a different job than his prior work as heating/cooling. The request is for 4 weeks in a work hardening program. Utilization review denied the request on 10/20/14. Treatment reports from 6/24/14 from 10/10/14 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening Program 4 hours a day/ 5 days a week/ 4 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

**Decision rationale:** This patient presents with chronic wrist pain that radiates into the shoulder. The current request is for Work Hardening Program 4 hour a day/15 days a week/4 weeks. The MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, there is lack of documentation of specific job to return to and likelihood of success that this patient will return to work. In addition, a screening process prior to consideration has not taken place. The request for Work Hardening Program is not medically necessary.