

Case Number:	CM14-0194296		
Date Assigned:	12/02/2014	Date of Injury:	04/12/2013
Decision Date:	02/28/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/20/2014

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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

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 34-year-old female, with a reported date of injury of 04/12/2013. The results of the injury were right hand and wrist pain. The current diagnoses include injury to the elbow, tenosynovitis of the hand and wrist, carpal tunnel syndrome, brachial neuritis or radiculitis, and myalgia and myositis. The past diagnoses include status post first dorsal extensor compartment release of the right wrist, right hand/wrist pain, and post-traumatic myofascial pain. Treatments have included hand therapy, and physical therapy. The diagnostic studies and physical therapy reports were not included in the medical records provided for review. The progress report (PR-2) dated 10/09/2014 indicates that the injured worker continued to experience right wrist and thumb pain. She reported improvement in active range of motion and strength with treatment and work conditioning. The injured worker still had issues with her activities of daily living that require the use of the right hand and wrist. The objective findings included persistent right wrist and thumb pain; and weakness to the right hand. A rationale for the request for additional hand therapy and work conditioning was not provided. The injured worker remained physically unable to perform her usual and customary job duties, and remained on total temporary disability. On 11/11/2014, Utilization Review (UR) denied the request for hand therapy once a week for eight (8) weeks - work conditioning. The UR physician noted that there was no documentation describing the specific extent of functional improvement. The Chronic Pain Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy once a week for eight weeks-Work Conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Conditioning

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-78, Chronic Pain Treatment Guidelines Work conditioning/work hardening; Occupational Therapy and Physical Medicine Page(s): 125-126;. Decision based on Non-MTUS Citation Forearm, Wrist, & Hand, work conditioning

Decision rationale: Chronic Pain Medical Treatment Guidelines state regarding work condition/hardening:(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. Physical therapy notes were not included in the provided record so improvement followed by plateau is not documented. MTUS and ODG state regarding occupational therapy, Allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. This individual is documented as having already received 24 therapy visits as well as 6 work conditioning visits. Already exceeding the generally recommended maximum for therapy visits and the provided record does not document reasons why the additional visits are warranted. ODG also recommends a screening evaluation prior to beginning a work conditioning therapy program to include: (a) History including demographic information, date and description of injury, history of previous injury, diagnosis/diagnoses, work status before the injury, work status after the injury, history of treatment for the injury (including medications), history of previous injury, current employability, future employability, and time off work; (b) Review of systems including other non work-related medical conditions; (c) Documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants); (d) Diagnostic interview with a mental health provider; (e) Determination of safety issues and accommodation at the place of work injury. Screening should include adequate testing to determine if the patient has attitudinal and/or behavioral issues that are appropriately addressed in a multidisciplinary work hardening program. The testing should also be intensive enough to provide evidence that there are no psychosocial or significant pain behaviors that should be addressed in other types of programs, or will likely prevent successful participation and return-to-employment after completion of a work hardening program. Development of the patient's program should reflect this assessment. As mentioned before; this individual has already received 6 conditioning therapy sessions, but there is no evidence of a dedicated pre-therapy screening evaluation. The provided medical record does meet some of the criteria for the evaluation but the record is not complete in this regard. Given the above the request for hand therapy/work conditioning x8 is deemed not medically necessary.