

Case Number:	CM14-0194932		
Date Assigned:	12/02/2014	Date of Injury:	08/02/2013
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
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. The expert reviewer is Board Certified in Occupational Medicine 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:

Injured worker (IW) sustained an unspecified industrial injury on 08/02/13. Per 02/05/14 occupational therapy evaluation, at that time he was 9 weeks s/p left carpal tunnel release (CTR). Occupation was listed as drywall/construction. Critical job demands included hammer use, hammering nails, carrying drywall sheets, lifting, screw gun, small ladders. IW was working at full duty. On exam, left wrist range of motion was limited. There was tenderness at carpal tunnel scar. Grip strength was 40 pounds in the left hand, compared to 95 pounds on the right. Left hand/wrist symptoms and grip strength improved over course of therapy, but increased right hand symptoms were noted. Repeat Electrodiagnostic studies on 05/06/14 revealed demyelinating right carpal tunnel syndrome, without evidence of radiculopathy, ulnar neuropathy, or brachial plexopathy. Right CTR was performed on 07/17/14. 08/29/14 office note documented complaints of pain over right incision. On exam there was nodularity in the right carpal tunnel scar. Pillars were non-tender. Impression was cervical radiculitis. 6 physical therapy visits were requested and IW was returned to modified duty. 09/23/14 office note stated IW was off work due to no light duty. He was working with hand physical therapy. Physical exam findings were unchanged. OT was continued. Plan included delay of return to full duty until mid-October; looking for less physical work was discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deny: work conditioning program times twelve sessions for the cervical spine per 10/17/14 request: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Conditioning (WC) physical therapy guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125,127.

Decision rationale: The requested 12 sessions of work conditioning exceed the MTUS recommendation for up to 10 work conditioning visits over 8 weeks. Exceptional factors which would support exceeding the guideline are not documented. Specific functional deficits or objective measurements which may be used to assess progress with treatment are not documented. The work conditioning program times twelve sessions for the cervical spine per 10/17/14 request is not medically necessary.