MAXIMUS Federal Services

Case Number:	CM14-0195400		
Date Assigned:	12/02/2014	Date of Injury:	11/19/2013
Decision Date:	01/14/2015	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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in New York. 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:

This is a 32 year old female with a work related right hand injury dated 11/19/2013 in which the injured worker's right hand was caught between a cement wall and a heavy table according to the Utilization Review report. According to a primary physician's progress report dated 05/29/2014, the injured worker presented for a follow up visit for injury to right hand. It stated that she feels no different and works partially in production and does office work and still feels radiation from hand to elbow. Diagnoses included right hand contusion and arm complex regional pain syndrome. Treatments have consisted of medications, physical therapy, and hand splint. Diagnostic testing included electromyography and nerve conduction studies in 2014 which were within normal limits, no fracture or dislocation in the right thumb on x-ray, and 3 phase bone scan demonstrated increased perfusion and increased blood pool to the right wrist with increase delayed tracer accumulation involving the right wrist, right first metacarpal, and phalanx including metacarpophalangeal joint and these findings are suspicious for Reflex Sympathetic Dystrophy. Work status is noted as modified duty. On 11/11/2014, Utilization Review non-certified the request for Chiropractic Therapy 1 times a week for 8 weeks, right upper extremity and Additional Work Conditioning 1 times a week for 8 weeks, right upper extremity citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated that case evidence of improvement with manual therapy was not provided leading to denial of further chiropractic care. Regarding the additional work conditioning, it states that the provider is continuing to request treatment in hope of improving function and leaving the need for work conditioning/hardening unnecessary until a plateau. Therefore, the Utilization Review decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Chiropractic Therapy 8 Visits Right upper extremity: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-59.

Decision rationale: Per the reviewed guidelines, manual therapy and manipulation are recommended for chronic pain caused by musculoskeletal conditions. The intended goal of treatment is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The recommendation for treatment of most conditions is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. There is no documentation of functional improvement to necessitate additional treatment sessions. Medical necessity for the requested additional visits has not been established. The request is not medically necessary.

Additional Work Conditioning 8 visits right upper extremity: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-127.

Decision rationale: Per the reviewed guidelines, the criteria for admission to a work hardening program are as follows: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, or (b) Documented on-the-job training; (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence

of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. In this case, there is no documentation of functional improvement or significant measurable gains with previous work hardening sessions. Medical necessity for the requested service is not established. The requested service is not medically necessary.