

Case Number:	CM14-0069645		
Date Assigned:	07/14/2014	Date of Injury:	05/17/2013
Decision Date:	01/27/2015	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

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 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 44-year-old female, who was injured on May 17, 2013, while performing regular work duties. The mechanism of injury was while breaking glass, a bottle hit the right wrist, and due to computer use or overuse of the right hand. The records indicate surgery of the right thumb was completed on January 8, 2014, with 7 sessions of post-operative physical therapy. An evaluation on April 2, 2014, indicates the injured worker complains of constant severe pain of the right wrist and hand, occasional moderate pain of the right shoulder, and frequent moderate pain of the right elbow. Diagnostic imaging and testing reports are not available for this review. The records indicate the injured worker has been treated with a home exercise program, surgery, physical therapy, medications, and multi-interferential stimulator unit. The records indicate the injured worker is currently being treated with physical therapy with some reported improvement. There is no indication of a plateau being reached in physical therapy. The patient was a recycling specialist working for 32 hours weekly. She was laid off on 6/1/2013. Her job duties included sorting, separating, lifting, and dumping recycled goods. She was required to lift brute containers, to break glass, and to operate computers. The patient at present is unable to open jars and experiences pain when grasping items, washing the dishes, and cooking. The request for authorization is for a work hardening screening. The primary diagnosis is radial styloid tenosynovitis. On April 17, 2014, Utilization Review non-certified the request for a work hardening screening because there were noted improvements from physical therapy hence she had not reached a plateau from therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine, Work Conditioning.

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; worker must not be more than 2 years past injury date; a defined return to work goal; and the program should be completed in 4 weeks. ODG Physical Medicine Guidelines recommend 10 visits over 8 weeks for work conditioning. In this case, the patient underwent right thumb repair on January 8, 2014 and completed her post-operative physical therapy sessions with noted improvement. However, she still experiences occasional moderate pain of the right wrist and hand. The patient was a recycling specialist working for 32 hours weekly. She was laid off on 6/1/2013. Her job duties included sorting, separating, lifting, and dumping recycled goods. She was required to lift brute containers, to break glass, and to operate computers. The patient at present is unable to open jars and experiences pain when grasping items, washing the dishes, and cooking. A work hardening screening is requested to determine if the patient is a candidate for a work hardening program. The screening also includes personal contact with the employer to investigate possible light duty work in order to set a commonly agreed return-to-work goal, as stated. Given the present impairment and functional limitations of the patient, the medical necessity for a work hardening screening has been established to determine her safety upon returning to work. The guideline criteria are met. Therefore, the request for work hardening screening is medically necessary.