

Case Number:	CM15-0148039		
Date Assigned:	08/11/2015	Date of Injury:	05/03/2014
Decision Date:	09/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/30/2015

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: California

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

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 68 year old male, who sustained an industrial injury on May 3, 2014. He reported numbness and tingling of the bilateral hands and triggering of his left hand multiple fingers. The injured worker was diagnosed as having moderate bilateral carpal tunnel release, left little, ring, middle and index fingers, bilateral medial epicondylitis and right lateral epicondylitis. Treatment to date has included surgery, medications, physical therapy and occupational therapy. On May 5, 2015, progress report notes stated that the injured worker was status post left carpal tunnel release and trigger release. The report was lacking any subjective complaints made by the injured worker. Objective findings stated skin flaps well. The treatment plan included physical therapy and occupational therapy three times four and a follow-up visit. On July 22, 2015, Utilization Review non-certified the request for twelve sessions of work conditioning, citing California MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning/work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines-work conditioning.

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

Decision rationale: MTUs Guidelines have very specific criteria to qualify for work conditioning programs. Many of these criteria are not met for this individual. A few of the qualifiers which are not met include: 1: Documentation of an available job that has high to medium physical demands. 2: Communications between an employer and employee which establishes which specific tasks are being addressed in such a program. 3: Utilizing a program with proven successful outcomes. 4: A maximum of 10 sessions are Guideline recommended. Under these circumstances, the request for 12 sessions of work conditioning are not supported by Guidelines and there are no unusual circumstances to justify an exception to the Guidelines. The 12 sessions of work conditioning are not medically necessary.