

Case Number:	CM15-0165300		
Date Assigned:	09/02/2015	Date of Injury:	04/16/2015
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 4-16-2015. She reported fracture of the left wrist from a slip and fall subsequently undergoing an open reduction internal fixation (ORIF) of the left distal radius on 4-30-15. Diagnoses include fracture of distal end of radius, status post ORIF and carpal tunnel release. Treatments to date include activity modification, medication therapy, and physical therapy. Currently, she complained of ongoing pain, numbness, and limited range of motion in the wrist and forearm. On 7-16-15, the physical examination documented numbness and decreased range of motion in the hand and wrists. The plan of care included a request to authorize a work hardening program three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125, Postsurgical Treatment Guidelines Page(s): 20.

Decision rationale: The claimant sustained a work injury in April 2015 and underwent ORIF of a left distal radius fracture with carpal tunnel release. The claimant works as a waitress. As of 07/13/15, she had completed nine postoperative therapy treatments. She continued to have limited range of motion and decreased strength. She was having difficulty performing activities of daily living with her left upper extremity. She continued to feel unable to return to work. When seen on 07/16/15, she was having persistent numbness. X-rays were obtained showing expected postoperative findings. Physical examination findings included decreased wrist range of motion with slightly decreased sensation. She was released to modified duty. She was referred for occupational therapy to include modalities, range of motion, and work hardening three times per week for four weeks. After the surgery performed, guidelines recommend up to 16 visits over 8 weeks with a physical medicine treatment period of 4 months. Guidelines recommend an initial course of therapy of one half of this number of visits and a subsequent course of therapy can be prescribed and continued up to the end of the postsurgical physical medicine period. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau. In this case, the claimant has not completed a course of therapy and additional therapy is being requested. She has not reached a plateau in improvement and work hardening is therefore not medically necessary at this time.