

Case Number:	CM15-0198762		
Date Assigned:	10/13/2015	Date of Injury:	10/06/2014
Decision Date:	12/01/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/08/2015

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

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 39 year old male with an industrial injury dated 10-06-2014. A review of the medical records indicates that the injured worker is undergoing treatment for crush injury hands, laceration with tendon involvement and open fracture metacarpal, bone and hand. According to the progress note dated 09-03-2015, the injured worker continues to have difficulties due to scarring with pain and the inability to fully make a fist. The injured worker reported weakness due to limitation. Documentation noted that the injured worker is making gains with therapy. Objective findings (09-03-2015) revealed greater mobility of the fingers with restriction of the small finger metacarpophalangeal joint to about 70 degrees of flexion. In an occupation therapy note dated 09-02-2015, records indicated good progress in increased active range of motion on the digits with ability to make a composite fist, increased strength and improved function. The injured worker main limitation is difficulty lifting heavy items and the injured worker reported being able to complete task with greater compensation from the left hand. The injured worker also reported being ready to return to work and feels that he can maximize strength from work activities. Treatment has included extensor tenolysis of right hand, capsulotomies and intrinsic releases ring and small metacarpophalangeals on 6-19-2015, prescribed medications, 18 occupational therapy visits, and periodic follow up visits. The treatment plan included work hardening therapy and follow up visit. The injured worker's work status was return to modified duty on 09-07-2015. The treating physician prescribed services for work hardening program times 4 weeks. The utilization review dated 09-14-2015, non-certified the request for work hardening program times 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program times 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The patient presents with pain affecting the left hand. The current request is for Work hardening program times 4 weeks. The requesting treating physician report was not found in the documents provided for review. MTUS guidelines require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/wk; a specific job to return to; a screening process to determine likelihood of success; no more than 2-years from the date of injury; and the program to be completed in 4 weeks or less. In this case, there is no documentation in the medical reports provided of a job to return to, no discussion regarding a functional capacity evaluation and whether or not the patient is able to tolerate the program. Furthermore, there is no discussion of the patient's ability to participate a minimum of 4 hours a day for 3-5 days a week. The MTUS guidelines require more thorough documentation to support the current request for a work hardening program. The current request is not medically necessary.