

Case Number:	CM15-0022919		
Date Assigned:	02/12/2015	Date of Injury:	09/24/2012
Decision Date:	04/07/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/06/2015

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, Arizona
 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 female who reported an injury on 09/24/2012. The mechanism of injury was not stated. The injured worker is diagnosed with carpal tunnel syndrome. On 01/14/2015, the injured worker presented for a follow-up evaluation with complaints of 3/10 pain. It was noted that the injured worker was progressing well with physical therapy, and had been recommended for a work hardening program. Upon examination, there were no pseudomotor changes, swelling or vascular changes noted. There was weakness, fatigue and sensitivity of the right hand. Treatment recommendations included authorization for a work hardening program in preparation for return to work. A Request for Authorization form was then submitted on 01/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program: 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) Criteria for admission to a Work Hardening Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: The California MTUS Guidelines recommend work hardening as an option depending on the availability of quality programs. A Functional Capacity Evaluation may be required showing consistent results with maximal effort. There should be documentation of an adequate trial of physical or occupational therapy with an improvement followed by a plateau. Additionally, a defined return to work goal or specific job plan should be provided. In this case, it was noted that the injured worker was progressing well with physical therapy. There was no documentation of an adequate trial with an improvement followed by a plateau. There was no Functional Capacity Evaluation provided prior to the request for a work hardening program. A specific defined return to work goal or job plan was not provided for this review. Additionally, there was also no frequency or total duration of treatment listed in the request. Given the above, the request is not medically appropriate at this time.