

Case Number:	CM15-0045313		
Date Assigned:	03/17/2015	Date of Injury:	08/11/2014
Decision Date:	05/01/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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 53-year-old female, who sustained an industrial injury on August 11, 2014. She has reported bilateral knee pain and bilateral wrist and hand pain. Diagnoses have included carpal tunnel syndrome, tendonitis/bursitis of the wrists and hands, bilateral chondromalacia patella, and rule out tear of the medial meniscus of the knees. Treatment to date has included medications; knee injections, physical therapy, and imaging studies. A progress note dated February 2, 2015 indicates a chief complaint of bilateral knee pain and bilateral wrist and hand numbness and tingling. The treating physician documented a plan of care that included a work hardening or conditioning program with screening, psychosocial factors screening, home exercise, wrist bracing, and work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Work Hardening or Conditioning Program for the Bilateral Knees and Hands: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines-Work Conditioning.

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

Decision rationale: The patient presents with pain affecting the bilateral knee and bilateral wrist. The current request is for 10 Session of work hardening or Conditioning Program for the Bilateral Knees and Hands. The treating physician report dated 2/2/15 (21B) states, "The GOALS of these sessions of work hardening are to increase (The patient's) work capacity, increase (The patient's) activities of daily living, decrease the work restrictions, decrease the need for medication, decrease the visual analog scale rating, decrease swelling, and increase measured active range of motion." MTUS page 125 states Work conditioning, work hardening programs are recommended as an option depending on the availability of quality programs. Criteria for admission to Work Hardening Program include: (2) "After treatment with an adequate trail of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continue physical or occupational therapy." (3) "Not a candidate where surgery or other treatments would clearly be warranted to improve function." (5), a documented specific job to return to, and (6) "Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." The patient was released to work with restrictions, on 2/2/15. In this case, the patient was released to work but a specific job to return to was not documented in the reports provided for review. There is also a lack of evidence that the patient is not a candidate for surgery or other treatments. Furthermore, there was no evidence in the documents if an FCE was performed, nor is there evidence that the patient has been through a screening process. The current request does not satisfy the MTUS guidelines as outlined on page 125. Recommendation is for denial.

1 Work Conditioning or Hardening Screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 125-126.

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

Decision rationale: The patient presents with pain affecting the bilateral knee and bilateral wrist. The current request is for one Work Conditioning or Hardening Screening. The treating physician report dated 2/2/15 (21B) states, "Work Hardening Screening is required to determine of the patient is a candidate for a work hardening program." The MTUS guidelines page 125 states, "Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." In this case, the request for 10 sessions of a work hardening program was not medically necessary, as the patient had not been properly screened. The current request is medically necessary, as there has been no formal screening to determine if the patient is a candidate for a work hardening program. The recommendation is medically necessary.

1 Psychosocial Factors screening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Risk Stratification (Sub acute Delayed Recovery) Page(s): 6.

Decision rationale: The patient presents with pain affecting the bilateral knee and bilateral wrist. The current request is for one Psychosocial Factors Screening. The treating physician report dated 2/2/15 (21B) states, "Since the patient has shown problems beyond the anticipated time of healing, we are required by the Chronic Pain Medical Treatment Guidelines to evaluate psychosocial barriers to recovery." The MTUS guidelines has the following: "When the physician recognizes that the problem is persisting beyond the anticipated time of tissue healing, the working diagnosis and treatment plan should be reconsidered, and psychosocial risk factors should be identified and addressed. If necessary, patients should be directed toward resources capable of addressing medical and psychosocial barriers to recovery." In this case, the physician has recognized that the patient's problems are persisting beyond the anticipated time of tissue healing and has requested that the patient be screened for psychosocial factors, so they may be addressed and treated properly. The current request satisfies the MTUS guidelines as outlined on page 6. Recommendation is for authorization. Therefore, this request is medically necessary.