

Case Number:	CM14-0115003		
Date Assigned:	09/16/2014	Date of Injury:	10/24/2010
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33 year-old female with date of injury of 10/24/2010. The listed diagnoses per [REDACTED] from 06/23/2014 are: 1. Tenosynovitis of hand and wrist, not elsewhere classified 2. Pain in joint of forearm 3. Status post left wrist arthroscopy with debridement of TFCC from 02/05/2013 4. Status post hardware removal of the left arm from 03/04/2014 According to this report the patient has ongoing moderate tenderness at her surgical site with limited range of motion on her left wrist. The patient has completed eight sessions of physical therapy. She rates her pain 6-7/10. The patient also complains of pain in her upper limb. She describes the pain as cramping, moderate in severity. Due to her illness, she has been impaired in her ADLs (activities of daily living) and unable to work. The examination shows no erythema, swelling, ecchymosis, incision or drainage in the left elbow. No limitation is noted in the flexion, extension, pronation or supination of the elbow. Tenderness to palpation is noted over the TFCC. She has pain over the TFCC tendon. Radial deviation of the left wrist is painful. Pain noted over the ulnar aspect of the wrist. The utilization review denied the request on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program for two hours per day for ten visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This patient presents with left wrist pain. The patient is status post left arm hardware removal from 03/04/2014. The treating physician is requesting work hardening program for two hours per day for 10 visits. The MTUS guidelines page 125 and 126 on work hardening states, "work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. Also, the worker must be no more than two years passed date of injury. Workers that have not returned to work by two years post injury may not benefit." The 06/09/2014 report by [REDACTED] notes that the patient continues to have pain in her forearm with weakness. The treating physician notes, "She would benefit from a work hardening program two hours per day for 10 visits." She has completed eight physical therapy visits recently with minimal benefit. In this case, the patient has not returned to work due to her injury. In addition, she is also four years post injury and it is not known how a work hardening program will be beneficial at this juncture. MTUS does not recommend this program two years past the date of injury. The request is not medically necessary.