

Case Number:	CM14-0117180		
Date Assigned:	09/16/2014	Date of Injury:	07/28/2012
Decision Date:	10/15/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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, has a subspecialty in Pain Management 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:

A progress report dated July 28, 2014 identifies subjective complaints of pain and swelling in the left wrist. Objective findings identify left wrist and hand are swollen with tenderness over the dorsal ulnar aspect. Diagnoses include left scapholunate tear status post repair on October 17, 2013. The treatment plan states that the patient reinjured her left wrist while in physical therapy. She has therefore been taken off physical therapy and put on anti-inflammatories and icing for the next 6 weeks. She will then be re-examined to determine whether or not she re-tore the repaired ligament. The note states that to return to the current job she has to be able to lift 75 pounds. A supplemental report dated July 10, 2014 appears to be an appeal for work conditioning and a tens unit trial. The note indicates that the patient was only able to lift 5 pounds during hand therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial Post-Operative work conditioning, QTY: 10 Sessions for the left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Guidelines, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-6 of 127.

Decision rationale: Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, it appears the patient may have reinjured herself during physical therapy. Additional therapy is not currently recommended to allow the possible reinjury to heal and be reevaluated. Therefore, pursuing work conditioning at the current time would not be medically advisable. As such, the currently requested work conditioning is not medically necessary.