

<b>Case Number:</b>	CM14-0141059		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	11/05/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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 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 injured worker is a 50-year-old female who reported an injury on 11/05/2012. The mechanism of injury was not provided. On 05/20/2014, the injured worker presented with complaints of predominantly left basal joint symptoms. Upon physical examination, there was tenderness at the left thumb basal joint was greater than the right and there was no change in examination of the carpal tunnels. Therapy included anti-inflammatories and surgery. Current medications included nabumetone and lidocaine patch. The injured worker's work restrictions were 30 pounds shoulder to overhead, 30 pounds waist to shoulder, 48 pounds floor to waist, and 35 pounds carrying at 20 feet. The injured worker is status post carpal tunnel release bilaterally. The provider has recommended work conditioning 2x5 (10 sessions); the provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK CONDITIONING 2 X 5 (10 SESSIONS):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING PROGRAMS.

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

**Decision rationale:** The request for work conditioning 2x5 (10 sessions) is not medically necessary. The California MTUS recommend work hardening as an option depending on the availability of quality programs. The criteria for admission to a work hardening program include work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, active treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau but not likely to benefit from continued physical therapy or occupational therapy, not a candidate where surgery or other treatments would clearly be warranted to improve function, physical and medical recovery is sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for 3 to 5 days a week, and a defined return to work goal agreed to the employer and employee. The injured worker must be no more than 2 years past the date of injury and workers that have not returned to work by 2 years post injury may not benefit. Work hardening should be completed in 4 weeks consecutively or less. Treatment is also not supported for longer than 1 to 2 weeks without evidence of injured worker compliance and demonstrated significant gains as documented by subjective and objective gains. There is a lack of documentation of previous courses of conservative treatment the injured worker underwent and the efficacy of those treatments. Additionally, work hardening treatment is not supported for longer than 1 to 2 weeks without evidence of injured worker compliance and demonstrated significant gains. Work hardening programs should be completed in 4 weeks consecutively or less. The provider's request for work conditioning 2 times a week for 5 weeks (10 sessions) exceeds the Guideline recommendations. As such, medical necessity has not been established.