

Case Number:	CM14-0161123		
Date Assigned:	10/06/2014	Date of Injury:	07/14/2012
Decision Date:	11/04/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/01/2014

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 Orthopedic Surgery, 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:

This is a 52-year-old female who sustained a vocational injury on 07/14/12. The medical records provided for review included the office note dated 08/27/14 at which time the claimant complained of severe pain with swelling of the right hand and wrist with pain in her thumb and numbness over the hand. The claimant also complained of right shoulder pain aggravated by using the arm. The claimant also had complaints of cervical pain which was worse with turning and traveled down the low back. She had radiating pain from the neck into her shoulder and down to her wrist. The claimant also reported stress and anxiety due to difficulty sleeping. Physical examination revealed 2+ spasm and tenderness of the bilateral paraspinal muscles from C3 to C7 and right upper muscles. Axial compression test was positive bilaterally for neurologic compromise. Distraction test was positive bilaterally. Shoulder compression test was positive bilaterally. The right brachioradialis reflex was decreased. She had 2+ spasm and tenderness to the bilateral paraspinal muscles from T1 to T5. Kemp's Test was positive bilaterally. She had a positive Speed's Test of the right shoulder. Supraspinatus test was also positive over the right shoulder. She still had evidence of trigger finger of the right thumb and postsurgical scar was noted on the right wrist. She had +3 spasm and tenderness to the right anterior wrist and right thumb. She had a positive Tinel's Test on the right. Bracelet Test was positive on the right. Finkelstein's was positive on the right. Grip strength was moderately severely decreased on the right compared to the left. She was given a diagnosis of status post right thumb and carpal tunnel release, tendinitis/bursitis of the right hand and wrist, request to rule out carpal tunnel syndrome of the right wrist, cervical spondylosis without myelopathy, bursitis and tendinitis of the right shoulder, anxiety, and sleep disorder. The documentation indicated that the claimant previously had twenty sessions of postoperative physical therapy and had reached a plateau with regard to recovery. The Functional Capacity Examination performed on 12/17/13 determined that the

claimant could lift and carry up to 20 pounds, push/pull up to 90 pounds, and stand, walk, and sit for thirty minutes. She had slightly decreased pinch on the right compared to the left, although this was noted to be quite minimal. This request is for work hardening/conditioning time's ten visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning visits x 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Physical Medicine, Work Conditioning

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

Decision rationale: California Chronic Pain MTUS Guidelines recommend specific criteria for admission to a work hardening program. These criteria are for the claimant with work-related musculoskeletal condition with functional limitations precluding the ability to safely achieve current job demands which are at medium or high demand level. A Functional Capacity Examination may be required showing consistent results with maximal effort and demonstrating capacities below an employer-verified physical demand analysis. After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau but no likely to benefit from continued physical/occupational therapy or general conditioning. Claimants should not be a candidate for surgery or other treatments that would clearly be warranted to improve function. There should be physical/medical recovery sufficient to allow for progressive reactivation of participation for a minimum of four hours per day for 3-5 days per week. There should be a defined return to work goal agreed to by the employer and employee along with a specific job to return to with job demands that exceed abilities or documented on-the-job training. Claimants must be able to benefit from the program both functionally and psychologically. 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 worker must be no more than two years past the date of injury and workers have not returned to work by two years post-injury may not benefit. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance that demonstrates significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The Chronic Pain Guidelines also cite Official Disability Guidelines that support ten visits over eight weeks. The claimant fails to meet all criteria set forth by MTUS Chronic Pain Medical Treatment Guidelines given the fact that there is no documented return to work goal agreed to by the employer and employee and the claimant is greater than two years past her reported date of injury. In addition, prior to proceeding with work conditioning/hardening program, the Chronic Pain Guidelines note and support that there should be a screening process documented that includes file review, interview, and testing to determine likelihood of success in the program. In the office note dated 08/27/14, it is recommended that the claimant undergo a psychological consultation; however, there is no documentation that this consultation has been performed or

what the results are. This would be imperative to know prior to considering medical necessity. Based on the documentation presented for review and in accordance with MTUS Chronic Pain Guidelines, the claimant fails to meet criteria set forth by the guidelines and subsequently the request for the work hardening program/conditioning program time's ten visits cannot be considered medically necessary.