

Case Number:	CM14-0183220		
Date Assigned:	11/10/2014	Date of Injury:	08/08/2013
Decision Date:	12/15/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/04/2014

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 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 presents with right wrist, hand and right shoulder pain. The request is for work hardening condition for the right shoulder, hand and wrist. Patient has shown functional improvement in her examination dated 09/16/14. "Patient's pain rating went from 6.5 to 3.0 for the right wrist," and her ability to clean increased from 20 to 60 minutes daily, showing improvement in her activities of daily living (ADL's). MTUS guidelines, pages 125-126 require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/week; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. Per progress report dated 09/16/14, patient "completed 6 sessions of acupuncture therapy and she has attributed her decrease in pain due to the acupuncture therapy. Since the day patient stopped with the acupuncture therapy, her right wrist began to swell and the pain radiated towards her right elbow. Treater is requesting authorization for 10 sessions of work hardening for the right shoulder and right wrist, since further acupuncture therapy was denied." Treater has quoted guidelines as reference with the request, without discussing the request. There is no documentation of a job to return to, no discussion regarding screening and whether or not the patient is able to tolerate the program. The request is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening conditioning for the right shoulder, hand and wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: The patient presents with right wrist, hand and right shoulder pain. The request is for work hardening condition for the right shoulder, hand and wrist. Patient has shown functional improvement in her examination dated 09/16/14. "Patient's pain rating went from 6.5 to 3.0 for the right wrist," and her ability to clean increased from 20 to 60 minutes daily, showing improvement in her activities of daily living (ADL's). MTUS guidelines, pages 125-126 require possible functional capacity evaluation; not a candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/week; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. Per progress report dated 09/16/14, patient "completed 6 sessions of acupuncture therapy and she has attributed her decrease in pain due to the acupuncture therapy. Since the day patient stopped with the acupuncture therapy, her right wrist began to swell and the pain radiated towards her right elbow. Treater is requesting authorization for 10 sessions of work hardening for the right shoulder and right wrist, since further acupuncture therapy was denied." Treater has quoted guidelines as reference with the request, without discussing the request. There is no documentation of a job to return to, no discussion regarding screening and whether or not the patient is able to tolerate the program. The request is not medically necessary and appropriate.