

<b>Case Number:</b>	CM14-0186081		
<b>Date Assigned:</b>	11/14/2014	<b>Date of Injury:</b>	05/30/2012
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2014

### 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:

This 46 year-old patient sustained an injury on 5/30/12 while employed by [REDACTED]. Request(s) under consideration include 1 work hardening program. Diagnosis lists Carpal tunnel syndrome (CTS); wrist/forearm pain; shoulder region disorder; and myofascial pain syndrome/fibromyalgia. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/23/14 from the provider noted the patient with chronic ongoing right shoulder, upper arm and right wrist pain rated at 4/10 with medications. Exam showed restricted range of motion in the right shoulder and bilateral wrists; tenderness and swelling of the wrist tendon sheath bilaterally with positive Finkelstein's testing bilaterally. Medications list Voltaren and Ibuprofen. Hand-written brief report of 10/23/14 noted patient with chronic right hand "paresthesias to 1,2,3 digits with same pattern on left. Exam noted Phalen's present and NCT's normal." Diagnoses included right and left CTS. Treatment plan included right carpal canal injection. The patient's work status was full duty with no limitations or restrictions. The request(s) for 1 work hardening program was non-certified on 10/16/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 work hardening program:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125-126.

**Decision rationale:** This 46 year-old patient sustained an injury on 5/30/12 while employed by [REDACTED]. Request(s) under consideration include 1 work hardening program. Diagnosis lists Carpal tunnel syndrome; wrist/forearm pain; shoulder region disorder; and myofascial pain syndrome/fibromyalgia. Conservative care has included medications, therapy, and modified activities/rest. Report of 9/23/14 from the provider noted the patient with chronic ongoing right shoulder, upper arm and right wrist pain rated at 4/10 with medications. Exam showed restricted range of motion in the right shoulder and bilateral wrists; tenderness and swelling of the wrist tendon sheath bilaterally with positive Finkelstein's testing bilaterally. Medications list Voltaren and Ibuprofen. Hand-written brief report of 10/23/14 noted patient with chronic right hand "paresthesias to 1, 2, 3 digits with same pattern on left. Exam noted Phalen's present and NCT's normal." Diagnoses included right and left CTS (Carpal tunnel syndrome). Treatment plan included right carpal canal injection. The patient's work status was full duty with no limitations or restrictions. The request(s) for 1 work hardening program was non-certified on 10/16/14. The patient has received a significant amount of conservative treatment including therapy for this chronic injury, past 2 years. There are no documented limitations in current ADLs or specific clinical findings identifying deficits to be addressed nor has previous treatment rendered functional improvement. Current medical status remains unchanged and there is no medical report to address any specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. Medical necessity for Work hardening program has not been established as guidelines criteria include functional limitations precluding ability to safely achieve current job demands; plateaued condition unlikely to benefit from continued physical, occupational therapy, or general conditioning; patient is not a candidate where surgery or other treatments would clearly be warranted to improve function; Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; identified defined return to work goal agreed to by the employer & employee with documented specific job to return to with job demands that exceed abilities; and the worker must be no more than 2 years past date of injury as no benefit has been shown if the patient has not returned to some form of work; none demonstrated here. Additionally, treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. It appears conservative treatments have not been exhausted nor is there any notation of specific impairment, hindering the patient from returning to some form of modified work. In fact, the patient was noted to be working full duties without restrictions or limitations. There are also no documented limitations in current ADLs (activities of daily living) or specific clinical findings except for generalized pain and tenderness without consistent dermatomal or myotomal deficits to address specific inability to perform the physical demands of the job duties or to identify for objective gains and measurable improvement in functional abilities. The 1 work hardening program is not medically necessary and appropriate.

