

<b>Case Number:</b>	CM15-0117282		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 31-year-old male, who sustained an industrial injury on 1/12/12. The injured worker was diagnosed as being status post right cubital and carpal tunnel releases and status post right triangular fibrocartilage complex repair. Treatment to date has included occupational therapy, a home exercise program, and medication. Physical examination findings on 6/1/15 revealed wrist pronation and supination were full and symmetric. Strength was 5/5. Some slight hyperesthesia to light touch and pinwheel testing in the ulnar nerve distribution were noted. Currently, the injured worker complains of occasional discomfort in the wrist. The treating physician requested authorization for work conditioning for the right wrist x 8.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning right wrist Qty 8.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Hardening Page(s): 125, Postsurgical Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS Guidelines consider 16 sessions of postoperative therapy as generally adequate for the surgery that this individual has had. There have been at least 32 postoperative sessions and a home program is well established. To qualify for work conditioning, the Guidelines have very specific standards that should be met. One of these standards include a written agreement between the employer and employee that establishes an agreed upon return to work date with defined activities. The work-conditioning program should than address the specific activities that are likely to be problematic. These standards have not been met. There are no documented communications between the employer and employee. There are no specific tasks reported that work conditioning should address. Under these circumstances, the request for Work conditioning right wrist Qty 8.00 is not supported by Guidelines and is not medically necessary.