

<b>Case Number:</b>	CM15-0175114		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	12/10/2012
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 60-year-old male who sustained an industrial injury on December 10, 2012. Diagnoses have included status post two right hand surgeries. Documented treatment includes surgical repair of cut on index finger base on of the right hand, and pain medication including prior Hydrocodone, and current Norco. The injured worker continues to present with right hand "slight bump," pain, with numbness and insensitivity in his fingertips, causing difficulty with gripping and grasping. The treating physician's plan of care includes a request on August 11, 2015 for 12 visits of work hardening hand therapy which was denied August 24, 2015. He is not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 work hardening sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Work conditioning, Work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

**Decision rationale:** Work conditioning or hardening is recommended as an option but has several criteria which must be met. This injured worker does not meet all of the criteria. The worker is past the two year recommended time limit since his injury and benefit at this point is unclear. Details of the job work conditions are also not included nor is it clear that he would not benefit from physical or occupational therapy instead of work hardening. The work hardening program's is not medically necessary or substantiated in the records.