

Case Number:	CM15-0028179		
Date Assigned:	02/20/2015	Date of Injury:	02/04/2014
Decision Date:	04/01/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/13/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 female patient, who sustained an industrial injury on 02/04/2014. A primary treating office visit dated 01/05/2015, reported subjective complaint of frequent, moderate, right wrist and hand pain that was described as burning. The pain was aggravated by gripping, grasping and lifting. The pain also radiated to the right shoulder and was accompanied by parasthesias over the right upper extremity. She also reported frequent swelling of fingers. Objective findings showed wrist/hands with a 2 plus spasm with tenderness to the right anterior wrist and right posterior extensor tendons. Tinell's and Guyon tests were found positive on the right. A request was made for work hardening conditioning, 10 visits treating the right wrist. On 01/15/2015, Utilization Review, non-certified the request, noting the Ca MTUS, Chronic Pain, Work Conditioning, Work Hardening was cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning for right wrist x10 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work hardening Page(s): 125-126. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines-Work conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Work hardening program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work hardening/conditioning for the right wrist times 10 visits is not medically necessary. Work hardening/conditioning is recommended as an option for treatment of chronic pain syndromes depending upon availability of quality programs. The Criteria for Admission to a Work Hardening Program include, but are not limited to, screening documentation; diagnostic interview with a mental health provider; job demands; functional capacity evaluations; previous physical therapy; rule out surgery; other contraindications; a return to work plan; drug problems; program documentation; supervision; a trial (of no longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains; concurrently working; etc. In this case, the injured worker's working diagnosis is carpal sprain/strain of the right wrist. Documentation indicates there is a pending EMG/NCV for the right upper extremity. The treating physician indicated the patient requires an NCV/EMG because the patient complains of numbness in the fingers. The indication does not state whether the injured worker is looking for a surgical cause (i.e. carpal tunnel syndrome) of the numbness in the distal extremity. Work hardening/conditioning is not indicated if the injured worker is a candidate for surgery, injections or other treatments that would clearly be warranted to improve function (including further diagnostic evaluation in anticipation of surgery). Additionally, the Criteria for Admission to a Work Hardening Program include a diagnostic interview with a mental health provider. There is no diagnostic interview in the medical record. Consequently, absent clinical documentation of the specific clinical indication and rationale for the EMG/NCV with a mental health evaluation, work hardening/conditioning for the right wrist times 10 visits is not medically necessary.