

Case Number:	CM15-0043406		
Date Assigned:	03/13/2015	Date of Injury:	09/26/2012
Decision Date:	04/22/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/06/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 48-year-old male, with a reported date of injury of 09/26/2012. The diagnoses include right distal radial ulnar joint pain with a dorsal cutaneous branch ulnar nerve pain and tingling, right wrist sprain/strain, joint pain, wrist arthralgia, and hand joint effusion. Treatments to date have included occupational therapy, right proximal carpal row arthroscopy and neurolysis of the dorsal cutaneous branch ulnar nerve on 10/07/2014, right wrist arthroscopy on 06/14/2013, a short arm splint, steroid injections, and oral medications. The medical report dated 12/11/2014 indicates that the injured worker's grip strength 5 ½ weeks after surgery was 40 pounds on the right, and by 9 ½ weeks, the grip strength was 70 pounds. The injured worker had occasional tingling episodes of the dorsal aspect of the right hand. There was slightly reduced pain with regular use of the right hand. It was noted that the injured worker continued at work hardening treatments, and he had insufficient grip for return to fork lift duties at that time. He was to be rechecked in forty-five days. The treating physician requested work conditioning three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 3 times a week for 4 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Work Conditioning Section.

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

Decision rationale: The injured employee has had a risk open or lysis performed on October 7, 2014 and had participated in six visits of postoperative physical therapy. According to the progress note dated December 11, 2014, the injured employee is also already participating in a work hardening program. The criteria for work hardening program indicates that there should be a plateau achieved with physical therapy were no further improvement is likely. It is not stated that the injured employee had reached such a plateau after six visits of physical therapy. For these reasons, this request for additional work hardening twice a week for four weeks is not medically necessary.