

<b>Case Number:</b>	CM15-0075017		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	01/22/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/20/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 40 year old male, who sustained an industrial injury on 1/22/2013. He reported injury from working as a floor installer. The injured worker was diagnosed as having cervical acceleration and deceleration syndrome with myospasm, status post right wrist arthroscopy with partial synovectomy and carpal tunnel syndrome. There is no record of a recent diagnostic study. Treatment to date has included wrist steroid injections, physical therapy and medication management. In progress notes dated 3/2/2015 and 4/1/2015, the injured worker reports neck pain with headaches and bilateral wrist pain but does not note functional improvement. The treating physician is requesting a work conditioning program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning program:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The claimant is more than 2 years status post work-related injury and continues to be treated for neck and bilateral wrist pain. When seen, there was improved cervical spine and wrist range of motion with improved grip strength and fewer trigger points. An orthopedic evaluation was requested and temporary total disability was continued. Criteria for a Work Conditioning Program include completion of an adequate trial of physical or occupational therapy with improvement followed by plateau, defined return to work goal, and the worker must be no more than 2 years past date of injury. In this case, there is no defined return to work plan including the physical demand capability needed to return to work and further evaluation is being requested. Therefore, the requested work-conditioning program is not medically necessary.