

Case Number:	CM15-0075754		
Date Assigned:	04/27/2015	Date of Injury:	07/01/2010
Decision Date:	05/22/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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: Texas, Florida, 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 57 year old female, who sustained an industrial/work injury on 7/1/10. She reported initial complaints of wrist, hip, knee, and foot pain. The injured worker was diagnosed as having repetitive strain injury, hand pain, tendon triggering, trochanter tendinitis, knee pain, and plantar fasciitis. Treatment to date has included medication, physical therapy, and diagnostics. Currently, the injured worker complains of chronic type pain in both wrists, triggering at right thumb, left hip, left knee, and right foot. Per the primary physician's progress report (PR-2) on 3/19/15, examination revealed antalgic gait, tenderness to the greater trochanter of the left hip, tenderness to the wrists and forearms, range of motion was restricted to the right thumb with generalized weakness to the upper extremities, and grip strength in the right hand was weak. The requested treatments include work conditioning to left hip, bilateral wrists, and thumbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning to left hip, bilateral wrists and thumbs, twice a week for four weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
 Page(s): 125-126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 125 of 127.

Decision rationale: This claimant was injured now about 5 years ago, and has multi-area pain. There has been medicine and therapy without pain resolution. The MTUS notes regarding Work conditioning, work hardening in the chronic guideline that it is recommended as an option, depending on the availability of quality programs. There must be a Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There must be an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. In this case, an exhaustion of PT and establishment of a plateau was not clear from the notes; moreover, some notes were illegible, and could not be assessed for proper utilization review. In this case, the issues are primarily pain; there is no analysis of functional decrements which work conditioning would primarily address. The request was appropriately non-certified. The request IS NOT medically necessary.