

<b>Case Number:</b>	CM15-0091834		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	03/31/1996
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2015

### 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, California

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on March 31, 1996. The injured worker was diagnosed as having bilateral carpal tunnel release, left shoulder arthroplasty, recurrent carpal tunnel syndrome, right shoulder rotator cuff syndrome and tendinitis/bursitis of the wrists and hands. Treatment to date has included surgery, therapy, magnetic resonance imaging (MRI), nerve conduction study and medication. A progress note dated April 16, 2015 the injured worker complains of bilateral shoulder, wrist and hand pain. Physical exam notes bilateral shoulder tenderness with spasm with positive bilateral speeds test and positive Neer's and supraspinatus test on the right. Exam of the wrists and hand reveals bilateral tenderness with positive bilateral carpal tunnel, bracelet and Phalen's test. The plan includes work hardening, functional capacity evaluation, surgical consultation and psychological screening. The patient sustained the injury due to cumulative trauma. The patient has had EMG study of the UE on 2/23/15 that distal neuropathy. The medication list include Gabapentin, Simvastatin and Lisinopril. Patient has received an unspecified number of PT visits for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening 2 times a week for 5 weeks bilateral hand/wrist/shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

**Decision rationale:** Work hardening 2 times a week for 5 weeks bilateral hand/wrist/shoulder. Per the CA MTUS guidelines cited below, criteria for work conditioning includes: (1) 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). (2) After treatment with 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. (5) A defined return to work goal agreed to by the employer & employee: (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. A work-related musculoskeletal deficit with the addition of evidence of physical, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE documenting physical demands level was not specified in the records provided. Per the records provided, the patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Any such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. The request for Work hardening 2 times a week for 5 weeks bilateral hand/wrist /shoulder is not medically necessary in this patient.