

Case Number:	CM15-0092713		
Date Assigned:	05/19/2015	Date of Injury:	08/16/2013
Decision Date:	06/18/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/13/2015

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: Arizona, 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 47-year-old female who sustained an industrial injury on 08/16/2013. Mechanism of injury occurred when her hands got stuck in between carts. Diagnoses include carpal tunnel syndrome, sprain and strain of elbow and forearm. Treatment to date has included diagnostic studies, medications, 12 occupational therapy sessions, physical therapy, steroid injections, and bracing. She has received a left lateral malleoli injection to the left lateral forearm with no pain relief. Two carpal tunnel injections/median nerve block to the right provided 20-30% relief for about 2 weeks. Electromyography and Nerve Conduction Velocity testing done on 05/08/2014 showed evidence of mild right carpal tunnel syndrome, and evidence of superimposed cervical radiculopathy, brachial plexopathy or focal neuropathy to otherwise explain her symptoms. A left Magnetic Resonance Imaging was done on 12/31/2013, which showed small amount of fluid in the second extensor compartment tendon sheath, cystic ganglions at the distal dorsal and volar aspect of the wrist, mild tendinosis of the extensor carpi ulnaris, fraying of the scapholunate ligament, and subcortical cystic changes of the carpal bones as described. The most recent physician progress note dated 01/28/2015 documents the injured worker complains of constant numbness in all of her fingers in her right hand Her pain level is 6-7 out of 10. She continues to wear a wrist splint on her right and left wrist and states that doing household chores increases her pain level. She feels very depressed and is tearful and sad. She recently started on Neurontin and states it is more effective for her pain than the Ibuprofen. She has no limitation in her right wrist or erythema, swelling, atrophy or deformity. Her left wrist is tender to palpation over the forearm. Treatment requested is for Work Hardening

Program after completion of occupational therapy both wrists; Occupational therapy for 12 sessions both wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program after completion of occupational therapy both wrists; Occupational therapy for 12 sessions both wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine; Work Conditioning, Work Hardening Page(s): 98-99.

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

Decision rationale: According to the guidelines: Criteria for admission to a Work Hardening Program: (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. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. In this case, the claimant did not have lasting benefits from physical therapy. 12 sessions of occupational therapy were completed. There was no mention of defined work goals from the employer. The claimant had depression and believed her to be disabled. The provided had requested a psychologist for further evaluation. The claimant was not medically ready to return to work and the work hardening program request is not medically necessary.