

Independent Medical Review Final Determination Letter

118

Dated: 12/18/2013

IMR Case Number:	CM13-0009148	Date of Injury:	10/05/2011
Claims Number:	[REDACTED]	UR Denial Date:	08/02/2013
Priority:	STANDARD	Application Received:	08/08/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
ADDITIONAL WORK CONDITIONING 2 X 4 R RING FINGER, R FORARM			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 67-year-old female injured on 10/05/11.

Initial clinical report of 11/09/11 indicates that she sustained gradual onset of right upper extremity and elbow complaints with forearm discomfort secondary to repetitive use of desk work and typing. Objective findings at that date showed a normal right shoulder examination with wrist examination with negative Phalen's and Tinel's testing, 5/5 motor strength, and an elbow examination with no tenderness, full range of motion, and full strength. The claimant's initial clinical diagnosis was medial epicondylitis and a strain of the forearm secondary to "repetitive use". Conservative care including medication management, a tennis elbow strap, acupuncture, physical therapy, and work restrictions were provided. Electrodiagnostic studies were performed on 01/28/13 that showed a mild left carpal tunnel syndrome and mild right median delay with the claimant noted to be status post right carpal tunnel release. A follow up report of 06/06/13 showed the claimant to be with tenderness over the A1 pulley of the right ring finger with examination showing tenderness at that area with no active triggering. She was diagnosed with stenosing tenosynovitis of the right ring finger and trigger finger release surgery was recommended. Records do not indicate that surgical process to the digit has taken place. At last physical exam assessment for review of 09/23/13 documented working impression was that of extensor tendinosis and myositis stating a need for continuation of physical therapy and a four week reevaluation. Her chief complaint at that time was of right forearm pain. There is indication that the claimant has been treated with physical therapy as well as a prior course of work conditioning for eight sessions for the right ring finger and right forearm. There is a request at present for additional work hardening for eight additional sessions for the right ring finger and right forearm.

IMR DECISION(S) AND RATIONALE(S)

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

1. Additional Work Conditioning 2 x 4 R Ring Finger, R Forearm is not medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines (ODG), Forearm, Wrist and Hand, Criteria for admission to a Work Hardening (WH) Program, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Work conditioning, work hardening, pgs. 125-126, which are part of the MTUS.

The Physician Reviewer's decision rationale:

Based on California MTUS Chronic Pain Guidelines, continuation of a work hardening program would not be supported. Guidelines would necessitate 10 sessions of work conditioning over an eight week period of time. It also indicates that work hardening is indicated in situations where the individual is not a candidate for surgery or other treatments that would be warranted to improve function. Records in this case indicate a diagnosis of trigger finger. There is no indication of a surgical process documented. There would be no indication at present for continued use of a work hardening program in this employee based on work conditioning already performed and potential need for surgical intervention given the employee's current diagnosis. **The request for Additional Work Conditioning 2 x 4 R Ring Finger, R Forearm is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0009148