

Case Number:	CM14-0036623		
Date Assigned:	06/25/2014	Date of Injury:	01/15/2013
Decision Date:	08/14/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/26/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 was reportedly injured on 1/15/2013. The mechanism of injury was noted as a twisting injury while reaching for brochures. The most recent progress notes dated 2/5/2014 and 3/26/2014, indicate that the claimant suffered a closed, fractured navicular bone in the left wrist. Physical examination was not documented. No imaging studies available. Previous treatment included physical therapy. A request had been made for work hardening times 6 to increase strength of left wrist and was not certified in the utilization review on 2/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING X 6 TO INCREASE STRENGTH OF THE LEFT WRIST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines support admission to a work hardening program after an adequate trial of physical therapy or occupational therapy for work-related musculoskeletal conditions with functional limitations

that preclude the ability to safely achieve their current job demands; however, it specifically states not indicated for clerical or secondary work. Review of the available medical records failed to document how much physical therapy completed or the claimant's actual job and/or profession. As such, this request is not considered medically necessary.