MAXIMUS Federal Services

Case Number:	CM13-0013791		
Date Assigned:	12/13/2013	Date of Injury:	04/13/2012
Decision Date:	08/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

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 Physical Medicine and Rehabilitation 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 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 63-year-old male who reported an injury on 04/13/2012 due to a metal pipe falling on the right elbow. Per the physical examination dated 08/26/2013, there was tenderness over the ulnocarpal joint with ulnocarpal grind. The injured worker had a 1.5 cm dorsal wrist mass. The range of motion of the elbow was flexion at 115 degrees on the right and 135 degrees on the left, with extension at 20 degrees on the right and 0 degrees on the left. On physical examination, the provider noted limitations and weakness were seen in the left upper extremity during testing. The injured worker's diagnosis was lateral epicondylitis. The injured worker's past treatments and diagnostics include a Functional Capacity Evaluation the injured worker rated pain at 8/10, objective testing was consistent with pain complaints which may be limiting factor in functional performance. Baseline functional testing parameters for pushing, pulling, lifting and carrying were tested and the injured worker was able to complete the task. Other treatments included medications and surgery. The treatment plan was for work hardening and conditioning two times a week for six weeks. The request for authorization form or rationale was not provided in the clinical documentation submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING/CONDITIONING 2 TIMES A WEEK FOR 6 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING, WORK HARDENING Page(s): 125.

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

Decision rationale: The injured worker complained of significant pain over the medial aspect of the elbow and dorsum of the wrist with a palpable mass .The California Treatment Utilization Schedule (MTUS) Guidelines recommend work hardening and work conditioning as an option depending on the availability of the program. The guidelines also recommends that work related musculoskeletal conditions with functional limitations precluding the ability to safely achieve current job demands, which are in the medium or high demand level. The timeline includes work hardening programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than one to two weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvements in functional abilities. A Functional Capacity Evaluation may be required showing consistent results with maximum effect, demonstrating capacities below an employer's verified physical demand analysis, after treatment with an adequate trial of physical therapy, or occupational therapy with improvements followed by a plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. The clinical documentation for FCE indicated that the injured worker was able to complete the task of pushing, pulling, lifting and carrying. However limitations and weakness were noted in the left upper extremity during PDL testing. The provider indicated the injured worker had 12 sessions of physical therapy. However, there is a lack of significant documentation indicating the injured worker had failed on physical therapy. The guidelines recommend at least 10 visits over 8 weeks. The request submitted for 12 visits exceeds the guideline's recommendations for a work hardening program to be completed in 4 weeks consecutively or less. Therefore, the request for work hardening and conditioning is not medically necessary.