

Case Number:	CM13-0024875		
Date Assigned:	12/18/2013	Date of Injury:	07/30/2012
Decision Date:	07/28/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 68 year old with a work injury dated 7/30/12. Her diagnoses include a right radial head fracture and left foot second, third, and fourth metatarsal fractures on 7/30/12 after a fall at work. She is status post right elbow arthroscopic debridement, arthrolysis, removal of loose bodies and open resection of radial head with arthrotomy 02/01/2013 .Under consideration is a request for additional work hardening 2 x 4 for the right elbow for a total of 24 visits. There is an 8/16/13 document that states that the patient has met appropriate functional And impairment goals per recent evaluation and has completed her work conditioning/hardening sessions and was discharged at this point from work hardening/conditioning. Per documentation the patient had completed 16 visits of work hardening total on this date. There is documentation that the patient completed 23 total post op physical therapy visits and was discharged from PT on 5/6/13. There is documentation that states that prior to her surgery in 2012 the patient had had extensive physical therapy for her elbow including dynasplinting without significant improvement. Per documentation a 7/1913 office visit reveals that the patient can supinate to about 45 to 50 degrees, and pronation has improved to 70 to 80 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITION WORK HARDENING 2 TIMES PER WEEK FOR 4 WEEKS FOR TREATMENT OF THE RIGHT ELBOW FOR A TOTAL OF 24 VISITS: Upheld

Claims Administrator guideline: Decision based on MTUS 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: The request for additional work hardening 2 x 4 for the right elbow for a total of 24 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits of work hardening and state that 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. The documentation indicates that the patient has met her goals. She should be competent in a home exercise program at this point. The request for additional work hardening 2 x 4 for the right elbow for a total of 24 visits is not medically necessary.