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| Case Number: | CM13-0035768 | | |
| Date Assigned: | 12/13/2013 | Date of Injury: | 11/05/2012 |
| Decision Date: | 02/20/2014 | UR Denial Date: | 09/23/2013 |
| Priority: | Standard | Application Received: | 10/17/2013 |

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 Family Practice and is licensed to practice in Texas. 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. 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 42-year-old female who reported an injury in November 2012 due to repetitive trauma while performing normal job duties. The patient ultimately underwent right elbow surgery with extensive post-operative physical therapy. The patient's most recent clinical examination findings included pain to the right elbow described as 5/10. Physical findings included restricted range of motion of the right elbow described as 130 degrees in flexion and tenderness to palpation over the elbow. The patient's diagnoses included status post right lateral epicondylectomy with persistent pain. The patient's treatment plan included return to work with no restrictions and an anti-inflammatory medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening (12 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning

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

Decision rationale: The requested work hardening (12 visits) is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has returned to work without any restrictions. It is also noted within the documentation that the patient has persistent pain complaints that would benefit from additional management. The guidelines recommend a functional capacity evaluation to show consistent results with maximal effort, demonstrating below an employer-verified Physical Demand Level analysis. The clinical documentation submitted for review does not provide any evidence that the patient has participated in a functional capacity evaluation. Additionally, there is no documentation of a Physical Demand analysis provided by the employer. The clinical documentation does indicate that the patient has returned to work without restrictions. Additionally, there is no documentation that the patient has been evaluated for a successful response to the program. The guidelines recommend work hardening programs for patients who have exhausted all other lower levels of treatment, including surgical intervention. The clinical documentation submitted for review does provide evidence that the patient underwent surgery and continues to have persistent pain. However, the clinical documentation does not indicate that the patient has failed to respond to all levels of postsurgical management. As such, the requested services are not medically necessary or appropriate at this time.