MAXIMUS Federal Services

Case Number:	CM13-0036094		
Date Assigned:	12/13/2013	Date of Injury:	09/14/2012
Decision Date:	07/29/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/18/2013

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 Orthopedic 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 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 records presented for review indicate that this 51-year-old female was reportedly injured on September 14, 2012. The mechanism of injury was noted as a right arm strain while taking down boxes. The most recent progress note, dated August 26, 2013, indicated that there were ongoing complaints of right elbow and right wrist pains. The physical examination demonstrated diffuse volar and dorsal tenderness over the forearm as well as medial and lateral epicondyles. Diagnostic nerve conduction studies were stated to be normal. Surgery was not recommended. Previous treatment included physical therapy, work restriction, steroid injections to the right elbow patient, splinting, and oral medications. A request had been made for a functional capacity examination and work hardening and was not certified in the pre-authorization process on October 1, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING 4 HOURS DAYS #10.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation WORK CONDITIONING /WORK HARDENING, 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

Decision rationale: According to the attached medical record, the injured employee has been laid off since February 2013. The criterion for a work hardening program is to condition an individual to return to work. There was no guideline or agreement with the employer outlining job demands or return to work. For this reason, this request for a work hardening program is not medically necessary.

FUNCTIONAL CAPACITY EXAM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 137.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), FUNCTIONAL IMPROVEMENT MEASURES.

Decision rationale: As with the request for a work hardening program, the functional capacity evaluation is a prerequisite for work hardening. As the injured employee appears to have no plans to return to work, this request for a functional capacity evaluation is not medically necessary at this time.