

Case Number:	CM14-0004918		
Date Assigned:	01/24/2014	Date of Injury:	03/29/2012
Decision Date:	06/09/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 female with a reported injury date on 03/29/2012; the mechanism of injury was not provided. The clinical note dated 01/28/2014 noted that the injured worker had complaints that included pain to the right wrist and elbow. Objective findings included tenderness to palpation over the elbow/triceps area and right ulnar wrist. Additional findings included full range of motion in wrist and elbow and 4+/5 strength in the right elbow. It was noted that an unofficial MRI from 01/02/2014 noted revealed a tear of the triangular fibrocartilage complex, mild osteoarthritis of the distal radial ulnar joint, and some longitudinal tearing of the extensor carpi ulnaris tendon at the level of the ulnar styloid. The request for authorization for work conditioning 2 hours a day x 5 days a week for 1 to 2 weeks for the right elbow was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING TWO (2) HOURS A DAY, FIVE (5) DAYS A WEEK FOR 1-2 WEEKS, FOR RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WORK CONDITIONING Page(s): 125-126. Decision based on Non-MTUS Citation ODG PHYSICAL MEDICINE GUIDELINES - WORK HARDENING.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend a timeframe of 10 visits over 8 weeks. Work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT in order restore the client's physical capacity and function.. It was noted that the injured worker had complaints that included pain to the right wrist and elbow. Objective findings included tenderness to palpation over the elbow/triceps area and right ulnar wrist. Additional findings included full range of motion in wrist and elbow and 4+/5 strength in the right elbow. The medical necessity for a work conditioning program has not been established. There is lack of quantifiable evidence that the injured worker had received prior physical therapy. Additionally, there is no significant symptomatology noted that would appear to benefit from a work conditioning program as the injured worker was documented in having full range of motion and no significant loss in strength. As such the request for work conditioning two (2) hours a day, five (5) days week for 1-2 weeks, for right elbow is non-certified..