MAXIMUS Federal Services

Case Number:	CM14-0115622		
Date Assigned:	08/04/2014	Date of Injury:	07/11/2013
Decision Date:	09/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/23/2014

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 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 39-year-old-male who sustained injury on 07/11/2013. No mechanism of injury was mentioned. He complains of pain at the right elbow lateral epicondyle. He states the pain is constant, aching, and sharp. Pain intensity is 5/10 on a scale of 0-10. Physical exam of the right elbow: there was tenderness over scar tissue of the lateral epicondyle and dorsal wrist is noted. Range of Motion (ROM): Extension 0 degrees; flexion 135 degrees; supination and pronation 75 degrees. Muscle strength: Bilateral; elbow/wrist=5/5. Dynamometer testing: Right 40/NT/NT; Left 105/110/107. Sensory test: Grossly intact to light touch. MRI of the right elbow on 8/13/13 has showed lateral epicondylitis and small superficial tear common extensor tendon origin. On 01/27/14, the patient underwent right elbow lateral release and radiocapitellar synovectomy. On 03/31/14, Plan was: To continue therapy to allow participation in activities of daily living (ADLs) and tolerate full duty work; to continue therapy full ROM for activities at work and leisure; to achieve function strength necessary for job/ADL's; to build activity tolerance. On 6/10/14, the examination was noted normal of left elbow with no tenderness and full ROM. The injured worker is noted to have failed conservative treatment including medications and physical therapy and home exercise program. He has remained significantly symptomatic with persistent deficit in work capabilities below the employer's essential physical job demands for the usual and customary work. According to the employer report, the patient's full duty job remains available upon sufficient rehabilitation of the patient. Modified duty restrictions have not progressed as expected. Assessment: status post right elbow lateral epicondylar release. Medications are Naprosyn, Norco, and Zofran. The request for work capacity evaluation and for 10 4-hour work hardening sessions has been previously not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138,Chronic Pain Treatment Guidelines Criteria for Work Hardening Programs. Decision based on Non-MTUS Citation Official Disability Guidelines; Fitness for Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, FCE.

Decision rationale: As per CA MTUS/ACOEM/ODG guidelines, FCE is recommended when necessary to translate medical impairment into functional limitations and determine work capability. As per ODG guidelines, Functional capacity evaluation (FCE) is recommended prior to admission to a Work Hardening (WH) Program. In this case, since the injured worker does not meet the criteria for a Work hardening program, a work capacity evaluation would not be necessary and thus not medically necessary.

10 4-hour work hardening sessions: 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 Hardening Page(s): 125.

Decision rationale: Per CA MTUS guidelines Work Hardening Program (WHP) is recommended as an option; criteria includes: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee (A documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training), (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). (7) The worker must be no more than 2 years past date of injury. In this case however, the records show that the injured worker had normal exam of the left elbow with no tenderness and with full range of motion. Furthermore, this injured worker's employer went out of business in Oct, 2013; WHP is not indicated in this situation, where there is no job for the employee to return to. Therefore, the medical necessity of the requested service is not established based on the available information and per guidelines.