MAXIMUS Federal Services

Case Number:	CM14-0022915		
Date Assigned:	05/14/2014	Date of Injury:	03/12/2013
Decision Date:	07/10/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	02/24/2014

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, 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 53 year old male who had a work injury dated 3/12/13. His diagnoses include status post repair of distal biceps tendon tear with result of possible neuroma or neuropraxia of the lateral cutaneous nerve to the forearm. He also has flexor tendinitis at the flexor carpi radialis, compensatory lateral epicondylitis of the right elbow, lesion of radial nerve, rupture of right distal biceps tendon, sprain and strain unspecified site right elbow and forearm. There is a request for additonal work hardening sessions 3 times a week for 2 weeks for a total of 6 sessions, right elbow/biceps. There is a 9/13/13 orthopedic follow-up evaluation which states that the patient has constant radiating pain. He underwent EMG and Nerve Conduction Studies, which were normal. He complains of pain and weakness with repetitive use. His pain is rated as 5/10.He is occasionally seen by another Workers' Compensation physician at the request of the insurance. They are recommending further physical therapy. On physical exam his right Elbow reveals full range of motion with flexion of 140 degrees, extension of 0 degrees and pronation and supination of 70 degrees. There is weakness with supination and elbow flexion, +4/5 compared to his normal left side. There are some slight paresthesias along the lateral and brachial cutaneous area. The treatment plan includes a request for a work hardening program 3 x week x 2 weeks. The patient can return to work with restrictions of no repetitive lifting or twisting greater than 35 lbs.The therapy note on 10/01/13 indicated the patient continued to have pain at 5/10. On 10/22/13 thePatient had a pain level of 4/10. Both notes indicate that for the assessment the patient has pain, limited strength and limited functional ability. The patient bas had six work hardening sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL WORK HARDENING SESSIONS 3 TIMES A WEEK FOR 2 WEEKS FOR A TOTAL OF 6 SESSIONS, FOR THE RIGHT ELBOW/BICEPS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Functional Capacity Evaluation(FCE).

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

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines The guidelines state that work hardening treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The guidelines recommend up to 10 visits total. The request for additional work hardening is not medically necessary. The documentation submitted reveals that the patient has already had 6 sessions. An additional 6 sessions of work hardening would exceed the recommended 10 visits. Furthermore, there is no evidence of significant gains as documented by subjective and objective gains and measurable improvement in functional abilities from the prior work hardening sessions. The request for Additonal Work Hardening Sessions 3 times a week for 2 weeks for a total of 6 sessions, right elbow/biceps is not medically necessary.