

<b>Case Number:</b>	CM14-0029828		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Interventional Spine 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 patient is a 41 year-old male with an 8/7/13 date of injury. On 8/28/13, he underwent repair of a ruptured biceps tendon at the left elbow by [REDACTED]. On 1/31/14, [REDACTED] states the patient had improved and return back to his usually job, but notes some weakness and loss of endurance. He recommended completing the physical therapy that was already approved then transition to a work conditioning program 3x4. The UR denied the request on 2/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning, 3X4 to left arm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG), Working Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

**Decision rationale:** The patient is a 41 year-old male with an 8/7/13 date of injury. On 8/28/13, he underwent repair of a ruptured biceps tendon at the left elbow by [REDACTED]. On 1/31/14, [REDACTED] states the patient had improved and return back to his usually job, but notes some

weakness and loss of endurance. He recommended completing the PT that was already approved then transition to a work conditioning program 3x4. This IMR pertains to the work conditioning 3x4 for the left arm. The physician apparently recommended the patient complete the PT that was already approved for the postsurgical physical medicine treatment period, then transition to a work hardening program 3x4 for the left arm. The work hardening program is apparently for the period outside the postsurgical treatment timeframe, so the MTUS chronic pain guidelines apply. The MTUS guidelines for work conditioning programs state 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 MTUS also refers to the ODG recommendations of 10 visits over 8 weeks. The request for work conditioning 3x4 exceeds the 1-2 week period to show objective gains, and exceeds the total number of sessions recommended by MTUS/ODG. Therefore the request is not medically necessary.