

<b>Case Number:</b>	CM14-0056064		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	04/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 42-year-old male who reported an injury on 05/18/2012. The mechanism of injury was not provided for clinical review. The diagnoses included epicondylitis and right elbow ulnar nerve compression. Previous treatments included an EMG/NCV, physical therapy, MRI, medications, and surgery. within the Clinical note dated 12/17/2013, the injured worker complained of pain. He rated his pain 4/10 in severity. The injured worker complained of mild spasms. He also reported numbness and tingling in his wrist and hand. On the physical examination, the provider noted tenderness to palpation and sensitivity to the elbow region. Range of motion of the elbow was extension at 8 degrees, and flexion at 112 degrees. The provider indicated the injured worker had decreased sensation throughout the elbow complex where ulnar nerve transposition was performed. The request submitted was for work conditioning times 12 sessions to the right elbow; however, rationale was not provided for clinical review. The Request for Authorization was submitted; however, was not dated nor signed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning x 12 sessions for the right elbow:** 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 conditioning, work hardening.

**Decision rationale:** The request for work conditioning times 12 sessions to the right elbow is non-certified. The injured worker complained of pain. He rated his pain 4/10 in severity. He complained of mild spasms. Injured worker reported numbness and tingling of the right wrist and hand. The California MTUS Guidelines recommend work conditioning as an option depending on the availability of quality programs. The guidelines note work-related musculoskeletal conditions with functional limitations precluding ability to safely achieve current job demands, which are in medium or higher demand levels, levels not clerical/sedentary work and a Functional Capacity Evaluation may be required showing consistent results with minimal effort, demonstrated capacities below the employer's verified physical demand analysis. After treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy or a general conditioning. Not a candidate where surgery or other treatments would clearly be warranted to improve function. Physical medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day to 3 to 5 days a week. A defined return to work goal agreed to by the employer or employee. A documented specific job to return to work with job demands that exceed abilities or documented on-the-job training. The worker must be able to benefit from the program functional and psychological limitations that are likely to improve with the program. Approval of these programs should require the screening process that include file review, interview and testing to determine likelihoods of success of the program. The worker must be no more than 2 years past the date of injury. Workers that have not returned to work by two years post injury may not benefit. 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. Upon completion of a rehabilitation program neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The guidelines recommend 10 visits over 8 weeks for conditioning. The request submitted for 12 sessions exceeds the guidelines recommendations of 10 visits over 8 weeks. There is lack of documentation indicating the injured worker had an adequate trial of physical therapy or occupational therapy with improvement followed by a plateau. The request submitted has exceeded 2 years past the date of injury, however, the guidelines note the injured worker may not benefit from work conditioning after 2 years. There is a lack of documentation of a specific job to return to with job demands that exceed abilities or documented on-the-job training. There is lack of documentation the injured worker has undergone a Functional Capacity Evaluation. Therefore, the request is non-certified.