

<b>Case Number:</b>	CM14-0187289		
<b>Date Assigned:</b>	11/17/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	11/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/10/2014

### 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 Emergency Medicine 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:

Patient with reported date of injury on 7/12/2012. Patient has a diagnosis of right lateral epicondylitis, depression, diabetes, chronic pain and compensatory left wrist pain. Medical reports reviewed. Last report available until 10/17/14. A Functional capacity evaluation (4/9/14) was also reviewed. Patient complains of right elbow pain. Pain is only 2/10. Uses ibuprofen for pain. Pain is aggravated by activity especially writing, not able to work due to work not able to accommodate restrictions. Objective exam reveals tenderness to right lateral epicondyle with increased pain with wrist extension. Documentation states that patient has "completed" aqua therapy and occupational therapy in the past but there is no documentation of number done, response to therapy and current plan. Review of records show similar complains for months with no noted change. No other medications were documented. No other imaging or reports provided. Independent Medical Review is for Work Hardening sessions 3per week for 4weeks (12 total) of the right elbow. Prior UR on 11/6/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Work Hardening sessions 3 times a week for 4 weeks for th right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** As per California Medical Treatment Utilization Schedule (MTUS) Chronic pain guidelines, Work conditioning may be considered under specific criteria. Pt fails multiple criteria. Basic criteria that is especially noted, is that criteria requires an adequate trial of physical therapy/occupational therapy with a plateau that is not likely to improved with continued therapy. Documentation states that patient has "completed" aqua therapy and occupational therapy in the past but there is no documentation of number done, response to therapy and current plan. There is no documentation of why no surgical or interventional procedures is not been considered. The medications is currently minimal. Patient is also past the 2year mark since the injury. Work Hardening is not medically necessary.