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| Case Number: | CM14-0198581 | | |
| Date Assigned: | 12/08/2014 | Date of Injury: | 12/24/2012 |
| Decision Date: | 01/21/2015 | UR Denial Date: | 11/18/2014 |
| Priority: | Standard | Application Received: | 11/25/2014 |

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 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 58 year old male who suffered an unknown work related injury on 12/24/12. Per the physician notes from 10/28/14 he had a previous left radius and ulnar fracture. He refractured the radius and underwent open reduction and internal fixation of the bone on 4/30/14. He has been complaining of pain in his elbow. He had a complete nerve study of the left upper extremity on 10/16/14 which was completely normal. On exam he has diffuse numbness throughout the forearm in a nonspecific pattern. His diagnoses include left lateral epicondylitis, status post left radius open reduction and internal fixation, and left upper extremity radiculopathy with negative nerve study. He underwent a cortisone injection into the left lateral epicondyle on 10/27/14. The requested treatment is 12 visits of work hardening. This treatment was denied by the Claims Administrator on 11/18/14 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning program x 12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Work

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work conditioning program times 12 visits is not medically necessary. The guidelines set the criteria for admission to a work hardening program. They include, but are not limited to, work-related musculoskeletal conditions functional limitations including ability to safely achieve current job demands, which are in the medium for higher demand level; a defined return to work goal agreed to by the employer and employee; a documented specific job to return to the job demands that exceed abilities were documented on-the-job training; the worker must be able to benefit from the program; etc. In this case, the injured workers working diagnoses are lateral left epicondylitis; status post left radius open reduction and internal fixation; and left upper extremity radiculopathy with negative nerve study. The documentation in the medical record indicates the injured worker is on modified duty status, there is no indication whether the injured worker is working. There is no documentation/description of the injured worker's job or what the physical demands of the job (employer is in gas and electric company) may be. There is also no mention of a defined return to work goal agreed to between the employer and the employee. Consequently, absent the appropriate guidelines for admission to the work hardening program, work conditioning program times 12 visits is not medically necessary.