

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0199375 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 08/18/2011 |
| Decision Date: | 12/03/2015 | UR Denial Date: | 09/09/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 45 year old female, who sustained an industrial-work injury on 8-18-11. A review of the medical records indicates that the injured worker is undergoing treatment for cervical radiculopathy, sprain of the ligament of the elbow, and strain of the neck. Medical records dated (3-31-15 to 8-21-15) indicate that the injured worker complains of neck pain and right elbow pain. The medical record dated 8-21-15 notes that she has started outpatient physical therapy and her pain has improved significantly. She has noticed improvement with range of motion in the neck and strength with the electrostimulation. She has not received iotophoresis treatments for the elbow yet. The injured worker has not returned to work according to the medical record dated 8-21-15. The physical exam dated 8-21-15 reveals that she is able to ambulate without a device; she has full range of motion with neck flexion, extension, rotation and lateral flexion. There is mild to moderate tenderness on palpation of the right elbow. The physician recommends that she continue her current home exercise program (HEP) and undergo a work hardening program. Treatment to date has included pain medication Hydrocodone, Ibuprofen, Soma, Zolpidem, Prilosec, physical therapy at least 18 sessions, pain management, home exercise program (HEP), off work and other modalities. The request for authorization date was 8-28-15 and requested service included Work hardening for right elbow and neck Qty: 12. The original Utilization review dated 9-9-15 non-certified the request for Work hardening for right elbow and neck Qty: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening for right elbow and neck Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The request is for work hardening for the right elbow and neck. Date of injury was approximately 4 years ago. The patient has received at least 18 sessions of PT in the past, however there is no objective evidence that a plateau has been reached. The submitted documentation does not show evidence of a functional capacity evaluation to support the requested treatment. Documentation also does not support a rationale to support the necessity of a work-hardening program. Criteria state that a work-hardening program be initiated within 2 years of injury and this patient is beyond that date. Therefore, the request is not medically necessary or appropriate.