

Case Number:	CM15-0059159		
Date Assigned:	04/03/2015	Date of Injury:	12/04/2014
Decision Date:	06/11/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 44-year-old male who sustained an industrial injury on 12/04/2014. Diagnoses include elbow sprain/strain and upper extremity subluxation. Treatment to date has included medications and chiropractic therapy. There were no diagnostic reports to review. According to the Doctor's First Report of Occupational Injury or Loss dated 1/7/15, the IW reported right elbow pain and stiffness, grip loss and numbness and tingling in the arm. On exam, range of motion was painful and there was swelling and tenderness present, with positive Tinel's sign. The PR2 dated 3/6/15 stated the IW pain had decreased with therapy; however a referral was needed due to weakness. A request was made for 12 work conditioning sessions due to improvement in symptoms with therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Work Conditioning Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

Decision rationale: The patient presents with right elbow pain and stiffness, grip loss and numbness and tingling in the arm. The request is for 12 Work Conditioning Sessions. The provided RFA is dated 03/06/15 and the date of injury is 12/04/14. The diagnoses include elbow sprain/strain and upper extremity subluxation and enthesopathy-elbow. Per 03/06/15 report, physical examination revealed a painful range of motion and there was swelling and tenderness present, with positive Tinel's sign. There are no diagnostic reports provided. Treatment to date has included medications and chiropractic therapy. Current medications are unknown. The patient is temporarily totally disabled. The MTUS Guidelines page 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program. Per RFA dated 03/06/15, treater states, "Work conditioning/exercise program trial of 12 sessions." In this case, progress reports are very brief and there is no rationale for this request. The treater also does not mention whether or not the patient has a specific job to return to or that there is on-the-job training. It is not known if the patient is able tolerate the program and the likelihood of success is not discussed. No functional capacity evaluation is provided showing "consistent result with maximal effort, demonstrating capacities below an employer verified physical demands analysis." The request is not medically necessary.