MAXIMUS Federal Services

Case Number:	CM13-0042595		
Date Assigned:	12/27/2013	Date of Injury:	10/27/2011
Decision Date:	05/06/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/30/2013

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 Orthopedic Surgery, and is licensed to practice in Pensylvania. 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 claimant sustained an injury to his left elbow on October 27, 2007 with a diagnosis of lateral epicondylitis. The initial surgery was performed on March 27, 2013 by [redacted] followed by physical therapy. The claimant was evaluted by [redacted] on September 11, 2013. According to the history the claimant underwent fifteen physical therpay visits and continued with symptomatology. We do not have any medical records provided in regards to actual physical therpay visits and modalities performed. There is a history of questionable surgery but the claimant was noted to have continued discomfort in and around the elbow itself. The scar over the elbow was non tender per [redacted] notes. He had full range of motion without pain. The initial evauation for this request was denied with reference to no actual physical therapy records and whether there has been any objective or funcitonal improvement. There is no acutal assessment of the claimant's strength and functional deficits and any return to work plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING PROGRAM 2 TIMES A WEEK TIMES 6 WEEKS FOR THE LEFT 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 Criteria for Admission to a Work Hardening Program. Page(s): 125-126.

Decision rationale: Based on the current guidelines the California MTUS Guidelines and the Official Disability Guidelines enrollment into a work hardening program would have to meet several criteria. Defined return to work goal should be agreed upon both with the employee and empoyer which has not been met in this case. Documented specific job to return too with job demands that exceed abilities or documented on the job training is also not been provided. The request for a work conditioning program twice a week for six weeks for the left elbow is not medically necessary and appropriate.