

Case Number:	CM14-0138239		
Date Assigned:	09/12/2014	Date of Injury:	03/15/2013
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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:

This is a 49-year-old male with a 3/15/13 date of injury. The patient sustained an acute injury to his right elbow while working as a meat cutter. According to a progress report dated 8/14/14, the patient stated that she still had right elbow pain with no improvement. Squeezing and pulling tend to cause "popping" with pain. He stated that there was still intermittent tingling to fingers. Objective findings were tenderness to palpation of right lateral elbow and medial elbow, grip strength right 65 and left 110. Diagnostic impression: right triceps tendonitis, right ulnar neuritis, right olecranon bursitis. The treatment to date includes medication management, activity modification, physical therapy, injections, and home exercise program. A UR decision dated 8/22/14 denied the request for work hardening 3 times a week for 4 weeks for the right elbow. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening three times a week for four 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 Page(s): 125.

Decision rationale: The CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. It is unclear if the patient is currently working. There is no documentation of the patient's job description or what physical activities are required for his work. There is no documentation provided regarding functional improvement from previous physical therapy. There is no evidence that the patient would require additional PT beyond the course already completed, and the patient does not seem to have plateaued. In addition, the documentation provided indicates that the patient's complaints and diagnoses are related to his right elbow, and this request is for treatment of the left elbow, which is contradictory. Therefore, the request for Work hardening three times a week for four weeks for the left elbow was not medically necessary.