

Case Number:	CM14-0089351		
Date Assigned:	09/19/2014	Date of Injury:	05/18/2012
Decision Date:	10/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/13/2014

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 & 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:

According to the records made available for review, this is a 43-year-old male with a 5/18/12 date of injury, and right elbow medial epicondylar debridement with flexor mass repair and ulnar nerve transposition on 11/22/13. At the time (5/1/14) of request for authorization for 12 sessions of work conditioning for the right elbow, there is documentation of subjective (elbow numbness and tingling radiating down into hand) and objective (no thenar or hypothenar atrophy noted, no tenderness, and full capillary refill noted) findings, current diagnoses (lateral epicondylitis), and treatment to date (medications and physical therapy). Medical report identifies that there has been improvement with grip strength and the patient is adequately improving with physical therapy but had decreased effort in the last physical therapy visit. There is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; and a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities or documented on-the-job training).

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work conditioning for the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter, Physical Therapy Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening, Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Work conditioning, work hardening

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work); after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities, OR Documented on-the-job training); and no more than 2 years past the date of injury, as criteria necessary to support the medical necessity of a work hardening program. In addition, ODG work conditioning physical therapy guidelines supports up to 10 visits over 4 weeks, equivalent to up to 30 hours. Within the medical information available for review, there is documentation of a diagnosis of lateral epicondylitis. In addition, given documentation that there has been improvement with grip strength and the patient is adequately improving with physical therapy but had decreased effort in the last physical therapy visit, there is documentation that an adequate trial of physical therapy with improvement followed by plateau. However, there is no documentation of functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; a defined return to work goal agreed to by the employer & employee (a documented specific job to return to with job demands that exceed abilities or documented on-the-job training). In addition, the requested 12 sessions of work conditioning for the right elbow exceeds guidelines. Therefore, based on guidelines and a review of the evidence, the request for 12 sessions of work conditioning for the right elbow is not medically necessary.