

Case Number:	CM15-0112209		
Date Assigned:	06/18/2015	Date of Injury:	02/03/2015
Decision Date:	07/17/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	06/10/2015

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: Emergency Medicine

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 40 year old female, who sustained an industrial injury on 2/3/2015. She reported right arm and right elbow pain. Diagnoses have included right upper arm contusion and right elbow sprain. Treatment to date has included wrist splints, magnetic resonance imaging (MRI), medication and physical rehabilitation. According to the progress report dated 5/5/2015, the injured worker complained of pain in the right shoulder, especially when flexing and abducting the shoulder. Exam of the right shoulder revealed decreased range of motion with moderate pain and tightness. Exam of the right elbow revealed tenderness at the lateral epicondyle. It was noted that magnetic resonance imaging (MRI) of the right elbow and right shoulder did not reveal any major injuries. Authorization was requested for a work capacity evaluation and ten sessions of work hardening for the right upper arm and elbow.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pages 137-138.

Decision rationale: The requested work capacity evaluation is not medically necessary. The American College of Occupational and Environmental Medicine's Occupational Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004) Chapter 7, page 137-138 note in regards to functional capacity evaluations, that "there is little scientific evidence confirming FCEs predict an individual's actual capacity to perform in the workplace." The injured worker has pain in the right shoulder, especially when flexing and abducting the shoulder. Exam of the right shoulder revealed decreased range of motion with moderate pain and tightness. Exam of the right elbow revealed tenderness at the lateral epicondyle. It was noted that magnetic resonance imaging (MRI) of the right elbow and right shoulder did not reveal any major injuries. There is no documentation that the patient is at Maximum Medical Improvement. The treating physician has not documented the medical necessity for this evaluation as an outlier to referenced guideline negative recommendations. The criteria noted above have not been met. Therefore, the request for work capacity evaluation is not medically necessary.

Work hardening 4 hours, 10 sessions for right upper arm, elbow: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines- Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning and Work Hardening Page(s): 125-126.

Decision rationale: The requested work hardening 4 hours, 10 sessions for right upper arm, elbow, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Work Conditioning and Work Hardening, pages 125-126; recommend work hardening only with satisfaction of multiple criteria, including: a specific return to work goal, specific job demands, documented on-the-job training, evaluation of possible psychological limitations, be less than two years post-injury, treatment not to be longer than one to two weeks without evidence of patient compliance and demonstrated significant gains. The injured worker has pain in the right shoulder, especially when flexing and abducting the shoulder. Exam of the right shoulder revealed decreased range of motion with moderate pain and tightness. Exam of the right elbow revealed tenderness at the lateral epicondyle. It was noted that magnetic resonance imaging (MRI) of the right elbow and right shoulder did not reveal any major injuries. The treating physician has not documented a specific return to work goal, specific job demands, documented on-the-job training, no reevaluation of possible psychological limitations. The criteria noted above have not been met. Therefore, this request for work hardening 4 hours, 10 sessions for right upper arm, elbow is not medically necessary.