

Case Number:	CM15-0049121		
Date Assigned:	03/23/2015	Date of Injury:	08/19/2014
Decision Date:	06/10/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 54 year old male patient, who sustained an industrial injury on August 19, 2014. He reported pain in the right arm after a box he was lifting tilted and landed on the right arm. The diagnoses include ruptured tendons of bicep of the right upper extremity. Per the doctor's note dated 3/19/2015, he is status post right elbow bicep tendon repair on 9/15/14. The physical examination of the right elbow revealed no tenderness, only lacks 10 degrees in supination with 4/5 biceps strength. The current medications list is not specified in the records provided. Per the evaluation dated December 30, 2014, he was much better with physical therapy. The evaluation on January 27, 2015, revealed continued improvement with residual right elbow pain. He has had MRI on dated 8/22/14 which revealed a complete disruption of the biceps with retraction. He has undergone right elbow tendon repair surgery on 9/15/2014. He has had physical and occupational therapy for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Work hardening. Per the cited guidelines cited below, criteria for work-hardening includes: (1) 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). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) 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. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. A functional capacity evaluation (FCE) report is not specified in the records provided. The records provided do not specify any functional limitations for this patient precluding his ability to safely achieve current job demands. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. He has had physical therapy for this injury. Failure to previous conservative therapy including physical visits is not specified in the records provided. In addition, significant functional deficits that would require work hardening program is not specified in the records provided. The request is not medically necessary.