

Case Number:	CM15-0099420		
Date Assigned:	06/01/2015	Date of Injury:	02/22/2011
Decision Date:	07/03/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/22/2015

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: Physical Medicine & Rehabilitation

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 46-year-old male, who sustained an industrial injury on 2/22/11. The injured worker has complaints of right shoulder and left elbow pain. The diagnoses have included sprain and strain of unspecified site of elbow and forearm; sprain shoulder/arm not otherwise specified and joint derangement not otherwise specified shoulder. Treatment to date has included norco and ibuprofen; electromyography/nerve conduction study showed both cubital and carpal tunnel; magnetic resonance imaging (MRI) of the elbow showed tendinosis and moderate partial tear at the common extensor tendon origin and physical therapy. The request was for initial 6 sessions of work hardening to the left elbow, 2 times week times three weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial 6 sessions of work hardening to the left elbow, 2xWk x 3Wks: 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 work hardening programs Page(s): 125-126.

Decision rationale: The patient presents with pain and weakness in his right shoulder and left elbow. The patient is s/p left elbow surgery on 08/30/11. The request is for INITIAL 6 SESSIONS OF WORK HARDENING TO THE LEFT ELBOW. RFA is dated on 04/03/15. Regarding work status, the treator states "full duty." Per 03/13/15 progress report, the patient has had steroid injections and 12 sessions of physical therapy with help. The patient has been on Ibuprofen, Tenormin, Norco and Tylenol. X-ray of the elbow from 03/28/11 shows no radiographic evidence of acute fracture or dislocation. MRI of the elbow from 03/09/12 reveals 1) tendinosis and moderate partial tear at the common extensor origin. 2) Postsurgical changes related to ulnar transposition surgery. 3) Mild elbow osteoarthritis. Ultrasound from 03/22/12 demonstrates imaging features compatible with peripheral nerve sheath tumor involving the axillary nerve, which most likely represents a schwannoma or less likely a neurofibroma. MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." MTUS guidelines, page 125-126 also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. In this case, the patient is working full duty per 03/13/15 progress report. There is no discussion on any "job demands that exceed abilities," as required by MTUS guidelines. In addition, a screening process prior to consideration has not taken place. There were no prior functional capacity evaluations provided nor is there any discussion regarding a defined return to work goal. It would appear that the patient is returning to full duty, which obviates the need for a work hardening program. The requested work hardening program IS NOT medically necessary.