

Case Number:	CM13-0005817		
Date Assigned:	12/11/2013	Date of Injury:	07/21/2010
Decision Date:	02/20/2014	UR Denial Date:	07/24/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Hospice and Palliative Medicine and is licensed to practice in Arizona. 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 physician 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:

The patient is a 60 year old female who injured her left knee on 7/21/2010 while pushing some heavy tables and developed pain and swelling in her knee. An MRI scan dated 10/5/10 revealed a lateral meniscus tear, chondromalacia patella and a Baker's cyst. She received an intra-articular cortisone injection on 12/8/10, and subsequently underwent arthroscopic lateral meniscectomy and a lateral patellofemoral chondroplasty. The patient continued to have knee complaints and underwent a left total knee arthroplasty on 1/24/13. She underwent a course of 12 weeks post-operative physical therapy between 4/10/13 and 5/6/13. The patient was having difficulty with her motion and she received a manipulation under anesthesia to assist in breaking up scar tissue on 5/15/13. She received another 12 visits of physical therapy after this procedure between 5/16/13 and 6/21/13. On 6/28/13 she began the first of 10 work conditioning sessions over a period of 5 weeks, completing them on 8/16/13. The patient was released to modified duty, 6.5 hours a day on 8/1/13. A notation from the patient's primary Treating physician on 11/20/2013 states patient remains on modified duty with 6.5 hour work day. Physical exam reveals "Well healed surgical scar, no swelling. Tenderness to palpation. Full ROM with discomfort on full flexion. Distal reflexes are intact."

IMR ISSUES, DECISIONS AND RATIONALES

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

A group of 8 sessions of work conditioning for the left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Work Hardening

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

Decision rationale: Per the Medical Treatment Utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines, "Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury." The patient completed a complete course of 10 work conditioning treatments between 6/28/13 and 8/16/13. Per MTUS Guidelines, repetition of the same or similar rehabilitation program is not medically warranted.