

Case Number:	CM13-0031138		
Date Assigned:	12/04/2013	Date of Injury:	11/19/2012
Decision Date:	07/25/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Medicine and is licensed to practice in North Carolina. 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:

The patient is a 45-year-old with a reported date of injury of 11/19/2012. The patient has the diagnoses of right knee internal derangement, right knee medial meniscal tear, right knee pain, right knee sprain/strain and right knee surgery. The treatment modalities have included medication and meniscectomy. The most recent provided progress note from the primary treating physician dated 04/08/2014 notes the patient complains of frequent mild to moderate dull, sharp right knee pain with stiffness, numbness, tingling and weakness. The physical exam showed no bruising, swelling or atrophy of the knee. There was tenderness to palpation of the anterior knee, medial knee and posterior knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

post operation work conditioning for the right ankle times 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Criteria For Admission to a Work Hardening Program.

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

Decision rationale: The California MTUS makes the following recommendations concerning work hardening and work conditioning, recommended as an option, depending on the availability of quality programs. The criteria for admission to a Work Hardening Program is 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). 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. Not a candidate where surgery or other treatments would clearly be warranted to improve function. Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. A defined return to work goal agreed to by the employer and employee that includes a documented specific job to return to with job demands that exceed abilities, or documented on-the-job training. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. The program timelines for Work Hardening Programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. 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 OGD Physical Medicine Guidelines on work conditioning states a patient can have 10 visits over 8 weeks. This patient fails to meet the guidelines as reviewed above, in particular there is no documentation of an adequate trial of physical or occupational therapy with improvement followed by plateau. Also the 12 session requested would be in excess of the 10 session over 8 weeks that is recommended. For these reasons, the request is not medically necessary.