

Case Number:	CM13-0033323		
Date Assigned:	12/06/2013	Date of Injury:	05/09/2012
Decision Date:	02/24/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/09/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Maryland. 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.

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 50 year old female who reported an injury on 05/09/2012. The patient is currently diagnosed with lumbar spondylosis with myelopathy, sciatica, tear of the lateral and medial meniscus of the left knee, bursitis of the left knee, tendonitis with bursitis and capsulitis of the left foot, plantar fasciitis in the left foot, and left ankle sprain/strain. The patient was seen by [REDACTED] on 09/04/2013. The patient reported ongoing left knee, left ankle, and lumbar spine pain. Physical examination revealed 3+ spasm and tenderness to bilateral lumbar paraspinal muscles, decreased and painful lumbar range of motion, positive Kemp's testing, positive straight leg raising on the left, positive Yeoman's testing, decreased left patellar reflex, 4+ spasm and tenderness to the left anterior joint line of the knee, limited and painful knee range of motion, positive McMurray's and grinding testing on the left, 3+ spasm and tenderness to the left lateral malleolus of the ankle and foot, decreased and painful range of motion, and positive valgus testing on the left. Treatment recommendations included a work-hardening program for 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening/conditioning initial 2 hours: 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 Page(s): 1125-126.

Decision rationale: The California MTUS Guidelines state work-conditioning and work-hardening are recommended as an option, depending on the availability of quality programs. As per the clinical documentation submitted, the patient has active knee pathology and possible meniscal injury, and it is unclear whether the patient is a candidate for surgery. The patient also reports multiple other symptoms including ankle and back pain. Documentation of an adequate trial of physical or occupational therapy with improvement followed by a plateau was not provided for review. In the clinical information received, the patient does not appear to meet criteria for a work-hardening program at this time. As such, the request is noncertified.