

Case Number:	CM13-0050305		
Date Assigned:	12/27/2013	Date of Injury:	05/15/2013
Decision Date:	02/28/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/12/2013

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 Orthopedic Surgery and is licensed to practice in California. 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 59-year-old who was injured in a work related accident on 05/15/13. The clinical records for review identified a 10/21/13 assessment documenting subjective complaints of bilateral knee pain, right ankle and foot pain, cervical pain, headaches, left shoulder pain, and bilateral wrist and hand pain. Objectively, there was tenderness to palpation noted over the cervical spine. The left shoulder had tenderness and spasm with positive Codman's testing, positive Speed's testing and positive supraspinatus testing. The claimant was wearing a right knee brace and utilizing a cane for support of the bilateral knees. There was tenderness to palpation over the medial joint lines with no instability and positive "grinding." Records on that date indicated the claimant still had complaints of pain in his right knee, for which he was status post a 08/30/13 arthroscopy with partial meniscectomy and debridement. Request at the 10/21/13 clinical assessment was for continuation of physical therapy for six sessions, a follow up visit with "range of motion testing" and a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

postoperative work hardening program: 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 Page(s): 125-126.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a work hardening program in this case would not be indicated. Frequency and duration of the program has not been indicated. Chronic Pain Guidelines would only recommend the role of up to 10 sessions of a work hardening program over an eight week period of time after documentation that indicates that the claimant would no longer be a candidate for surgery or other treatments that would clearly be warranted to improve function. The records in this case would not support work hardening based on the claimant's current clinical presentation and do not demonstrate that other treatments other than a work hardening program would not be warranted to improve function. This specific request would not be supported.

postoperative follow-up visit with range of motion testing and patient education: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Flexibility

Decision rationale: Based on Official Disability Guidelines criteria, as California MTUS Guidelines are silent, follow up consultation that would include range of motion testing would not be indicated. ODG Guideline criteria typically does not recommend the role of range of motion testing as an indicator for care. The clinical records for assessment do not indicate how the claimant's current range of motion of the knee, which at last clinical assessment was not documented and would be of value to advancing course of care or treatment. This specific request for this specific office assessment would not be indicated.

Continued postoperative physical therapy of the right knee (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Based on California MTUS Postsurgical Rehabilitative 2009 Guidelines, six additional sessions of physical therapy would not be indicated. MTUS Postsurgical Rehabilitative Guideline criteria recommends up to 12 sessions of physical therapy over a 12 weeks period of time following a knee arthroscopy and meniscectomy. The records indicate that the claimant has already attended 10+ sessions of therapy to date. The additional six sessions would exceed guideline criteria and cannot be supported.