

Case Number:	CM13-0055240		
Date Assigned:	04/16/2014	Date of Injury:	04/23/2012
Decision Date:	05/12/2014	UR Denial Date:	10/14/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 45-year-old male who reported an injury on 04/23/2012 after the injured worker lifted a 60-pound road case, which fell striking the right knee. The injured worker reportedly sustained an injury to the right knee, left knee, and low back. The injured worker's treatment history included physical therapy, left knee surgery, and postoperative physical therapy. The injured worker underwent a functional assessment on 09/25/2013 that did identify functional limitations that would benefit from a work-hardening program. A request was made for 12 sessions of work hardening. An appeal letter dated 10/26/2013 documented that the injured worker was highly motivated to return to work and would benefit from a work-hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Section Page(s): 125.

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

Decision rationale: The requested work hardening three (3) times a week for four (4) weeks is not medically necessary or appropriate. The California Medical Treatment and Utilization Schedule recommend that work-hardening programs do not exceed a 4 week duration. Additionally, it is recommended that re evaluation after 1 to 2 weeks of participation in a work-hardening program be done to assess the injured worker's response to treatment and support further treatment. Although the clinical documentation does support that the injured worker is an appropriate candidate for a work-hardening program, the request exceeds the 1 to 2 weeks trial. There are no exceptional factors noted within the documentation to support extending treatment beyond Guideline recommendations. As such, the requested work hardening three (3) times a week for four (4) weeks is not medically necessary or appropriate.