

Case Number:	CM13-0062246		
Date Assigned:	12/30/2013	Date of Injury:	04/23/2012
Decision Date:	05/16/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	12/06/2013

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, has a subspecialty in Pain Medicine, 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 patient is a 45-year-old male electrician. The patient was injured on 04/23/2012 while working with a co-worker, the patient lifted a 60 pound road case, which fell apart and struck him in the right knee. Prior treatment history has included 12 sessions of physical therapy which provided some benefit. The patient has undergone a left knee arthroscopy on 03/22/2013. He has had worsening pain despite conservative treatments which includes physical therapy, work conditioning, oral anti-inflammatories, and topical anti-inflammatories/compounded neuropathic medication. The progress report dated 11/18/2013 documented the plan: Referral; initial consultation for orthopedic evaluation and possible surgery. The progress report dated Final Determination Letter for IMR Case Number CM13-0062246 3 01/20/2014 documented the patient has been without medications for a couple of weeks and has noticed significant worsening of his pain, currently up to level 7/10. He is still waiting to schedule his clinic visit with the orthopedic surgeon to speak with him about possible surgical evaluation as he has bilateral medial knee pain. Objective findings on exam revealed range of motion of the knees: flexion 0 to 140 degrees with mild pain with end range of passive flexion on the left. He has 5/5 strength in bilateral lower extremities. He has positive McMurray's bilaterally. There is also a positive Thessaly test bilaterally. Psychological testing shows score of 17/30 indicating depression/anxiety. The impressions are: 1) Left knee medial meniscus tear and medial meniscus tear of eh right knee. 2) Status post left knee arthroscopy March 2013. 3) Probable L4-L5 and L5-S1 disc protrusions. 4) Probably mild C4-C5 and C5-C6 degenerative disc disease. 5) Moderate reactive depression. 5) Plantar fasciitis. The plan is orthopedic referral.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 3XWK X4WKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Page(s): 125-126.

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

Decision rationale: According to the MTUS guideline criteria for work conditioning, it is recommended as an option after reaching a plateau with other treatments and when the patient is not a candidate for surgical intervention. The MTUS further states that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains. The medical records document on 11/18/2013 that the patient was being referred for an orthopedic consultation for possible surgery and that the patient was presently working. Based on the potential for surgical intervention and the length requested (request was for four weeks and guides state the continuance is dependent on significant gains after the first 1-2 weeks), the request is not medically necessary according to the cited guides.