

Case Number:	CM13-0062279		
Date Assigned:	12/30/2013	Date of Injury:	09/06/2011
Decision Date:	04/16/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/06/2013

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 Texas. 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 24-year-old male who reported an injury on 06/03/2012. The mechanism of injury was not provided. The psychiatric occupational report dated 11/18/2013 indicated the patient continued to have complaints of right knee pain more than low back pain. Upon examination of the lumbar spine, flexion was 90 degrees, extension 20 degrees, left and right rotation 30 degrees, and left and right lateral bend was 30 degrees. Upon palpation, there was no tenderness over the paralumbar extensors, facet joints, SI joint, gluteus medius, or greater trochanters. The lower extremity motor strength was 5/5. There were no sensory deficits to light touch in the lower extremities. The reflexes to the lower extremities were 2/4 at the knees and ankles bilaterally. It was noted the right knee had full range of motion. There was tenderness to palpation over the Patella. The documentation provided for review included a prescription for the work hardening. A work capacity evaluation was being requested. It is noted the patient had previous physical therapy that had progressed and then reached a plateau. It is noted the patient is not a surgical candidate. It is noted the patient was 26 months post injury. It is noted the patient did not have any known medical, behavioral or other comorbid conditions that would prohibit his active participation in a work hardening program. It is noted the employer reported the patient's full duty job remains available upon the patient being sufficiently rehabilitated to resume his work activities. It was noted that the patient's medication regimen would not prohibit him from returning to work. It is noted that the need for any additional

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN (10) OUTPATIENT FOUR-HOUR WORK HARDENING SESSIONS AND ONE BASELINE WORK CAPACITY EVALUATION TO THE RIGHT KNEE AND LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):Chapter Fitness for Duty, web edition.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89,Chronic Pain Treatment Guidelines Section Work conditioning, work hardening Page(s): 125.

Decision rationale: The request for 10 outpatient four-hour work hardening sessions and one baseline work capacity evaluation to the right knee and lumbar is non-certified. The MTUS guidelines indicate that work hardening is recommended as an option, depending on the availability of quality programs. The criteria for admission to a work hardening program is a work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in medium or high demand level (i.e., not clerical/sedentary work). A FCE may be required showing consistent results with maximum effort, demonstrating capacities below employer verified physical demands analysis (PDA). After treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau. The patient must not be a candidate where surgery or other treatments would clearly be warranted to improve function. Defined return to work goal agreed to by the employer and employee. The records submitted for review included documentation of functional deficit, physical therapy with improvement followed by a plateau, indicated the employee was not a candidate for surgery, included a return to work goal agreed to by employer and employee, and documentation revealing the date of injury is less than 2 years old. However, the records submitted for review failed to include a psychological review, interview and testing to determine likelihood of success in a program as well as a Functional Capacity Evaluation. The MTUS/ACOEM guidelines indicate that determining limitations is not really a medical issue; clinicians simply have to provide an independent assessment as to what the patient is currently able and unable to do. The physician can listen to the patient's history, and ask questions about activities, and then extrapolate, based on the knowledge of the patient and experience with other patients with similar conditions. It may be necessary to obtain a more precise delineation of patient capabilities than is available for routine physical examination. Under some circumstances, this can best be done by ordering a Functional Capacity Evaluation of the patient. The records provided for review indicated there was a functional deficit in the lumbar spine; however, the right knee had full range of motion. As such, the request for 10 outpatient four-hour work hardening sessions and one baseline work capacity evaluation to the right knee and lumbar is not supported. Therefore, the request is non-certified.