MAXIMUS Federal Services

Case Number:	CM13-0062560		
Date Assigned:	12/30/2013	Date of Injury:	06/07/2012
Decision Date:	04/03/2014	UR Denial Date:	11/19/2013
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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 53 year old male who reported an injury on 06/07/2012 when he was playing with children and his left knee buckled. The 11/07/2013 note reported the patient is status post left knee diagnostic and operative arthroscopy with endoscopic anterior cruciate ligament reconstruction on 06/28/2013. The note stated he had occasional pain, swelling, difficulty ascending and descending stairs, and feeling of his knee giving way. The exam indicated he had stable Lachman and anterior drawer tests with range of motion rated at 0-125 degrees and trace effusion. He was recommended additional physical therapy, ice, anti-inflammatories, and use of a brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening program for left knee x 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: CA MTUS recommends work hardening for a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. The documentation submitted did not provide

evidence of any significant deficits to warrant the need for work hardening. Also, there was a lack of psychological deficits to support the necessity of work hardening. As such, the request is non-certified.