

Case Number:	CM13-0071749		
Date Assigned:	03/03/2014	Date of Injury:	06/07/2012
Decision Date:	06/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/30/2013

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 claimant is a 53-year-old who injured his left knee in a work related accident on 06/07/12. The records provided for review document that following a course of conservative care, the claimant underwent an arthroscopic left knee Anterior Cruciate Ligament reconstructor procedure on 06/28/13. Postoperatively, an 11/07/13 progress report documents the claimant is making slow yet steady progress with aggressive physical therapy but still has pain and swelling complaints. Physical examination demonstrated a negative Lachman and anterior drawer testing, motion from 0 to 125 degrees, trace of fusion, and no instability. The records document that thirty sessions of postoperative physical therapy had been utilized in addition to a brace, work restrictions, and oral medications. Recommendation was made for eight sessions of work hardening focused physical therapy for the left knee. The medical records did not contain any documentation of advancement of work function or functional capacity examination in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING FOCUSED PHYSICAL THERAPY TIMES 8 FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening, Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine.

Decision rationale: Based on California MTUS Chronic Pain Guidelines, a work hardening program would be considered if a functional capacity examination shows consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. There also must be documentation that adequate treatment including physical therapy has been exhausted or plateaued. The records in this case indicate that the claimant has undergone a significant course of physical therapy following ACL reconstruction. There is no documentation of a failed prior return to work attempt or indication of a functional capacity examination to better establish this individual physical demand analysis level. Therefore, based on guidelines and a review of the evidence, the request for Work Hardening focused Physical Therapy is not medically necessary.