

Case Number:	CM14-0004158		
Date Assigned:	02/03/2014	Date of Injury:	06/11/2010
Decision Date:	06/20/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/09/2014

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 patient is an employee of [REDACTED] and has submitted a claim for right knee pain associated with an industrial injury date of June 11, 2010. Treatment to date has included medications, physical therapy, and lateral MAKO arthroplasty. Medical records from 2013 were reviewed, which showed that the patient complained of mild aching right knee pain. On physical examination, gait was normal. Extension was 0 and flexion was 135 degrees. No synovitis noted. There was 1+ crepitus in the patellofemoral joint. The utilization review from December 17, 2013 modified the request for work conditioning 3x6 to right knee to work conditioning x 10 sessions to right knee. The rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING (3X6) TO RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to page 125 of the CA MTUS Chronic Pain Medical Treatment Guidelines, work conditioning is recommended as an option depending on the availability of

quality programs. Criteria for admission to a work hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands; after treatment with an adequate trial of physical therapy with improvement followed by plateau; not a candidate where other treatments would be warranted; a defined return to work goal; and the program should be completed in 4 weeks. In this case, the latest medical note dated October 28, 2013 showed that the patient has yet to complete physical therapy; thus, an adequate trial of physical therapy was not established. Furthermore, there was no discussion regarding absence of other treatment options and a return to work goal was not defined. In addition, the present request is for 6 weeks of work conditioning, which is beyond the timeline guideline recommendations. The criteria were not met; therefore, the request for work conditioning (3x6) to right knee is not medically necessary.