

Case Number:	CM14-0009200		
Date Assigned:	02/12/2014	Date of Injury:	01/15/2013
Decision Date:	07/22/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/21/2014

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 Occupational 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 37-year-old who has submitted a claim for internal derangement, medial meniscal tear, and pain of the left knee associated with an industrial injury date of January 15, 2013. Medical records from 2013-2014 were reviewed. The patient was status post left knee partial meniscectomy on August 9, 2013. The patient complained of left knee pain, grade 1/10 in severity. There was noted tightness and soreness of the left knee. There was slight pain and swelling with long walking. Most recent physical examination showed no tenderness or swelling of the left knee. There was full range of motion. Squatting produces pain at end range. Motor strength and sensation was intact. MRI of the left knee, dated May 3, 2013, revealed complex tear, anterior horn to body, lateral meniscus with anterolateral parameniscal cyst formation and lateral femorotibial degenerative spurring; cystic change at the intercondylar notch and proximal mid tibia; lateral patellar tilt with medial patellar subluxation; and small joint effusion. Treatment to date has included medications, physical therapy, home exercise program, activity modification, cortisone injection of the left knee, and left knee partial meniscectomy. Utilization review, dated December 30, 2013, denied the request for 12 physical therapy/work hardening for left knee. Reasons for denial were not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE PHYSICAL THERAPY/WORK HARDENING SESSIONS FOR THE LEFT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Work conditioning, work hardening Page(s): 98-99, 125.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. In addition, according to the Chronic Pain Medical Treatment Guidelines, criteria for a work hardening program (WHP) include a functional capacity evaluation showing consistent results with maximal effort; an adequate trial of physical or occupational therapy with improvement followed by plateau; a poor surgical candidate; and a defined return to work goal agreed to by the employer & employee. ODG recommends ten visits over four weeks for the knee. In this case, the patient previously underwent an adequate number of physical therapy sessions before and after the left knee partial lateral meniscectomy on August 9, 2013. Patient started work conditioning on January 20, 2014 and completed 6 sessions with noted progress. Rationale of a previous request of ten work conditioning sessions was to incorporate aerobic fitness training, muscular reconditioning, and body mechanics training aimed at specific work demands in order to prepare patient for full work return and prevent further injury occurrences. However, there is no documentation of a functional capacity evaluation report and evidence that the patient is a poor surgical candidate. Also, there is no documentation regarding a return-to-work goal between the employer and the patient. It was not documented why additional physical therapy/work hardening of the left knee was needed. Recent progress reports did not document any acute exacerbation or flare-up of symptoms. There is insufficient evidence or objective findings to prove the necessity for additional physical therapy/work hardening for the left knee. Furthermore, the present request would exceed the guideline recommendation of ten work hardening visits over 4 weeks for the knee. Therefore, the request for twelve physical therapy/work hardening sessions for the left knee is not medically necessary or appropriate.