

Case Number:	CM14-0100658		
Date Assigned:	09/16/2014	Date of Injury:	09/15/1995
Decision Date:	10/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 injured worker is a 46-year-old male who sustained work-related injuries on September 15, 1995. January 7, 2014 records indicate that the injured worker underwent left unicompartmental knee replacement, medial compartment, right knee arthroplasty, medial compartment, and unicompartmental knee replacement. Per January 21, 2014, the injured worker was two weeks postop bilateral unicompartmental knee replacement. He has excellent flexibility to both knees. His right knee seemed to be a little bit further advanced than his left and it was determined that it was the right time to begin formal physical therapy. Per February 18, 2014 records, the injured worker is status post bilateral unicompartmental knee replacements. His left one is little further advanced than his right one, but has a slight flexion contracture compared to the left. He has about 100 degrees of flexion on the right and 65-90 on the left knee. March 24, 2014 records indicate that the injured worker completed 7 physical therapy sessions and reported slow improvement but with steady decrease in postop knee pain. He rated his daily pain as 4/10 and knee range of motion was improving but stiffness was still significant. March 25, 2014 records indicate that he was very pleased with his right knee but his left knee causes pain along the patellofemoral joint and on terminal extension crepitus was noted. X-rays showed that the implant are in excellent position and alignment without any evidence of loosening which is determined as some mild posttraumatic or postoperative irritation of the patellofemoral joint. Osteotomy of the medial side was done and his provider opined that crepitus and pain will resolve in time. He has 122 degrees of flexion on the right knee and 114 degrees on the left with forward extension. May 6, 2014 records indicate that the injured worker in general has done well and his right knee has responded well with physical therapy. His therapist recommended a work hardening program. May 28, 2014 records indicate that the injured worker's left knee is still symptomatic with chondromalacia of the patella limiting his recovery. Crepitus was noted

with active and passive range of motion and has persistent side effusion and temperature gradient to his knee. His therapist reported muscle test of Grade 4/5 of both hamstring and quadriceps tendon with hypermobile patella and left knee confirms retropatellar and peripatellar crepitation. His June 4, 2014 records indicate that the right knee of the injured worker has responded well to physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of work conditioning for the right knee, 4 times weekly for 2 weeks and then 2 times a week for 1 week: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work hardening Page(s): 125-126.

Decision rationale: According to evidence-based guidelines, the clinical presentation of the injured worker must be able to meet the criteria for admission to a work conditioning/hardening program. In this case, the injured worker does not satisfy the criteria for work hardening program. Although the injured worker's right knee has responded well to therapy there is no indication that the injured worker's condition has reached a plateau. Moreover, his date of injury is dated back in 1995 and according to the referenced criteria the injured worker must be no more than two (2) years past date of injury. Workers that have not returned to work by two years post injury may not benefit. Based on not being able to meet the aforementioned criteria, the medical necessity of the requested 10 sessions of work conditioning for the right knee, 4 times weekly for 2 weeks and then 2 times a week for 1 week is not established.