

Case Number:	CM14-0010531		
Date Assigned:	02/21/2014	Date of Injury:	07/09/2012
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/27/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 37-year-old male who was injured on September 9, 2012. The injured worker is documented as being status post anterior cruciate ligament (ACL) reconstruction with partial medial meniscectomy and chondroplasty on March 26, 2013. The most recent clinic note, dated January 30, 2014, indicates the claimant is ten months out from surgery and at that time completed nineteen physical therapy sessions. The injured worker reports improvement since last visit and endorses increased strength. The record demonstrates the injured feels he can do anything he used to do at his job except for run. The utilization review in question was rendered on January 9, 2014. The reviewer noncertified the request for twelve visits to a work hardening program. The reviewer noted that a formal multidisciplinary evaluation was not submitted. A physical therapy progress note dated February 14, 2014 indicates the therapist is of the opinion, that the injured worker can continue benefit from additional physical therapy to improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT WORK HARDENING X 12 VISITS OVER 4 WEEKS TO THE LEFT KNEE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The injured worker does not appear to meet the MTUS criteria for a work hardening program. Specifically, there does not appear to be work-related muscle skeletal conditions with functional limitations that preclude ability to safely achieve current job demands. Specifically, the claimant endorses being able to perform everything except running at this point in time. Additionally a functional capacity evaluation has not been performed and the physical therapist indicates that continued outpatient therapy will likely continue to benefit the claimant. As such, the request is considered not medically necessary.