

Case Number:	CM14-0013525		
Date Assigned:	02/26/2014	Date of Injury:	11/19/2012
Decision Date:	09/03/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/03/2014

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 injured worker is a 45-year-old male who reported an injury on 11/19/2012. The mechanism of injury was not specifically stated. Current diagnoses include right knee internal derangement, right knee medial meniscus tear, right knee pain, right knee sprain, status post right knee surgery, anxiety, depression, irritability, nervousness, hypertension, and status post surgery. The injured worker was evaluated on 01/02/2014 with complaints of persistent right knee pain and psychological symptoms including depression, anxiety, and irritability. Physical examination on that date revealed mild swelling of the right knee with positive patellofemoral crepitus, decreased and painful range of motion of the right knee, 3+ tenderness to palpation, and positive McMurray sign. Treatment recommendations at that time included a podiatry consultation, 12 sessions of work conditioning, a final functional capacity evaluation, and a psychological consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING, 12 ADDITIONAL SESSIONS: Upheld

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

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

Decision rationale: California MTUS Guidelines state work conditioning is recommended as an option, depending of the availability of quality programs. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains. California MTUS Guidelines utilize ODG Physical Medicine Guidelines for work conditioning, which allow for 10 visits over 8 weeks. The current request for an additional 12 sessions exceeds guideline recommendations. There is also no documentation of objective functional improvement following the initial course of work conditioning. As such, the request is not medically necessary.

FINAL FUNCTIONAL CAPACITY EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a number of functional assessment tools are available including functional capacity examination when reassessing function and functional recovery. Official Disability Guidelines state functional capacity evaluation may be indicated if case management is hampered by complex issues and the timing is appropriate. There was no objective evidence of a previous functional capacity evaluation. Therefore, the medical necessity for a final functional capacity evaluation has not been established at this time. There is no documentation of unsuccessful attempts at returning to work. Based on the clinical information received, the request is not medically necessary.