

Case Number:	CM14-0017462		
Date Assigned:	06/04/2014	Date of Injury:	11/02/2011
Decision Date:	07/11/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal 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 50 year old male whose date of injury is 11/02/11. Initial evaluation dated 09/26/13 indicates that the injured worker was cutting meat on a table when his supervisor walked by and hit the injured worker's left knee with a large plastic container. The injured worker felt severe pain on his left knee. Progress report dated 12/30/13 indicates that the injured worker continues to complain of left knee pain. Diagnostic impression is cruciate ligament sprain of the left knee, lateral collateral ligament sprain of the left knee, medial collateral ligament sprain of the left knee, and tear of medial meniscus of the left knee. The injured worker was recommended to participate in a work hardening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PROGRAM 10 VISITS FOR 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 Work conditioning/work hardening Page(s): 125-126.

Decision rationale: Based on the clinical information provided, the request for work hardening program 20 visits for the left knee is not recommended as medically necessary. California

Medical Treatment Utilization Schedule (CAMTUS) guidelines note that an injured worker must be no more than 2 years post date of injury, and this injured worker is more than 2 years post date of injury. There is no indication that the injured worker has undergone pre-program mental health evaluation or functional capacity evaluation as required by CA MTUS guidelines. The submitted records fail to establish that the injured worker has undergone an adequate course of physical therapy with improvement followed by plateau. The request is not medically necessary and appropriate.