MAXIMUS Federal Services

Case Number:	CM14-0018114		
Date Assigned:	04/16/2014	Date of Injury:	12/05/2011
Decision Date:	07/14/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/12/2014

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 New York. 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 59-year-old male who was injured on 12/05/2011. Mechanism of injury is unknown. His diagnosis is right knee pain with left knee compensatory pain. Prior treatment history has included the patient having approximately 36 physical therapy treatments in the past year. The patient is status post surgery on the right knee. The patient's medication consists of Tramadol as needed. Progress note dated 05/29/2013 document the patient with complaints of pain at both knees that is sharp, mild, constant and occasionally becomes worse with activity. He has been off work. Objective findings revealed there is some crepitus with range of motion in the right knee. The right knee has well healed surgical incisions. Range of motion in the knees is flexion 125 on the right and 150 on the left. Extension is 5 on the right and 0 on the left. Slightly positive patellofemoral grind test and patellar apprehension test. Calf compartments are soft and compressible. Negative Homan's test. Cruciate function of the knee is intact with a negative anterior and posterior drawer sign and a negative Lachman's maneuver. Gross stability of the knee is satisfactory at full extension and 30 of flexion to varus and valgus testing. Circumference measurements are equal bilaterally at the quadriceps and at the knee joint measured at the joint line. Motor strength is 5/5 bilaterally. Deep tendon reflex examination is 2+ bilaterally. The treating provider has requested work hardening 3 x weeks for 4 weeks for the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING (3) TIMES A WEEK FOR (4) WEEKS FOR THE RIGHT KNEE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Work Hardening Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute and Chronic), Work conditioning, work hardening.

Decision rationale: This patient has chronic right knee pain and does not meet several criteria for work hardening for the right knee as per the chronic pain guidelines and ODG. Records review indicates that this patient has completed an extensive course of physical therapy program; however, there is no documentation of functional improvement followed by plateau as required per the guidelines. There is no documentation of patient's current functional abilities and specific job to return to with job demands that exceed abilities. The request is for work hardening 3 x a week for 4 weeks for the right knee; however, guidelines indicate that initial treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. Finally, the date of injury noted as 12/05/2011 and guidelines indicate that the injured worker must be no more than 2 years past date of injury because workers that have not returned to work by two years post injury may not benefit. As such, based on all of the above reasons, the medical necessity has not been established and the request is not medically necessary.