

Case Number:	CM14-0128981		
Date Assigned:	09/29/2014	Date of Injury:	12/04/2013
Decision Date:	11/06/2014	UR Denial Date:	08/01/2014
Priority:	Standard	Application Received:	08/13/2014

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 patient is a 32-year-old male who has submitted a claim for left knee anterior cruciate ligament tear associated with an industrial injury date of 12/04/2013. Medical records from 2014 were reviewed and showed chronic left knee swelling. Latest progress notes dated 10/01/2014 cited that patient continues to improve with 5/5 work conditioning sessions and has not taken any medicine for about 1 month. Patient noted slight swelling of left knee mainly after doing exercises and left knee clicking when patient sits too long or when he has not done any movements yet. He stated that after 5-10 minutes of movements, no more left knee click. Patient likewise reported that work conditioning has been of much help but still with issues pertaining to coordination and reported difficulty going down stairs when his good leg is leading. Patient is currently on modified work. Physical examination showed left knee surgical sites healed; no swelling or tenderness. Left quads tone much better but not yet comparable to right. ROM (range of motion): left comparable with right, no pain; intact sensation, and strength right 5/5, left almost 5/5. Progress notes dated 08/14/2014 corrected the terminology for request, stating that request was not for hardening but was for work conditioning. Moreover, same progress notes cited that patient will benefit both functionally and psychologically with work conditioning and is not likely to benefit from continued physical therapy since he has reached a plateau. HEP (home exercise program) was being continued. Patient is physically and medically able to participate in a minimum of 4 hours/day at least 3 days/week. Patient and employer have agreed to define return to work goals with specific demands that exceed patient's current abilities are: able to walk up and down stairs, 8 flights continuously, 12 times per day, able to run a mile, able to climb a ladder, able to restrain resisting suspects, and able to lift 185 lbs for 50 yards. Patient has returned to work, light duty since at least 08/12/2014. An FCE has not been completed. Treatment to date has included ACL reconstruction with allograft 04/15/2014, 23/24

post-operative physical therapy sessions, HEP, ice-heat as needed, work conditioning for 5 sessions, and medications. Utilization review dated 08/01//2014 denied the request for work hardening for 12 visits to be completed in 4 consecutive weeks to left knee since there is no indication for it. Work hardening should be work simulation and not just therapeutic exercises; also, there should also be psychological support. Work hardening is an interdisciplinary, individualized, job-specific program of activity with the goal of return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening x 12 visits to be completed in four consecutive weeks to left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 11.

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

Decision rationale: As stated on page 125 of the California MTUS Chronic Pain Medical Treatment Guidelines, work hardening is recommended as an option, depending on the availability of quality programs. Criteria for admission to a work hardening program include: 1) work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands. (An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer-verified physical demands analysis); 2) after treatment with an adequate trial of physical therapy with improvement followed by plateau, but not likely to benefit from continued physical therapy or general conditioning; 3) not a candidate where surgery or other treatments would clearly be warranted to improve function; 4) physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day, 3-5 times a week; 5) a defined return to work goal agreed by the employer and employee; 6) the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program with approved screening process); 7) worker must be no more than 2 years past the date of injury; 8) program timelines should be completed in 4 weeks or less; and 9) 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. In this case, the patient's date of injury was 12/04/2013, which is less than 2 years from date of injury, and he has completed 24 post-operative physical therapy sessions. A defined return-to-work goal agreement by the employer and employee has been given as well. However, the patient has not completed an FCE (functional capacity evaluation). It was also not clear why patient was said to reach a plateau after his post-operative physical therapy sessions, since PT records have not been provided in the medical records submitted. The patient is on a home exercise program (HEP) and was advised to continue the HEP; however, it was not clear why his HEP cannot address the defined return to work goals. It was also cited from progress notes dated 08/14/2014 that patient will benefit both functionally and psychologically from work conditioning however medical records provided did not show any psychological complaints. The screening process to determine the likelihood of success in the program was not mentioned in the progress notes

provided. Lastly, the request was for 12 work hardening visits completed in 4 consecutive weeks; however, guidelines state that treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains documented subjectively and objectively, even though program timelines state that program should be completed in 4 weeks consecutively or less. Therefore, the request for work hardening for 12 visits to be completed in four consecutive weeks to left knee is not medically necessary.