

Case Number:	CM14-0159421		
Date Assigned:	10/14/2014	Date of Injury:	08/28/2012
Decision Date:	11/26/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/29/2014

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 Maryland. 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 employee was a 37 year old male who sustained an industrial injury on 08/29/12. He was status post arthroscopy of left knee in 2014 and had previous cortisone injections. The mechanism of injury was stepping on hydraulic fluid and twisting his knee and lower back. He was being treated for knee pain and low back pain. His clinical note from 09/11/14 was reviewed. Subjective complaints included low back pain, status post 24 sessions of physical therapy. He had been working on his own. The physical therapist recommended 12 sessions of work hardening given the patient's arduous job details. Objective findings included no effusion in left knee joint, full knee extension, some atrophy in quadriceps, tenderness in lower back, was able to flex to his ankles and negative straight leg raising tests. Diagnoses included lumbosacral strain/arthrosis/discopathy with mild central and foraminal stenosis, left knee status post arthroscopic chondroplasty of the medial femoral condyle, excision of medial parapatellar pathologic plica and partial synovectomy. The plan of care included refilling of Naprosyn, Ultracet and Flexeril, Lidoderm cream, 12 additional sessions of work hardening, acupuncture and continue to stay off duty. His last physical therapy note from 09/10/14 was reviewed. He continued to have difficulty with hopping or jumping. He had difficulty with higher level of activity. He continued to demonstrate weakness in hamstrings and quadriceps. His range of motion of knee was noted to be -2 to 140 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening x12 sessions, left knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Medical Treatment Guidelines.

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

Decision rationale: The employee had sustained injury in 08/29/12. He had low back pain and knee pain. He was status post arthroscopic surgery of his left knee in 2014. Subjective symptoms included knee pain and objective findings included no effusion in left knee joint, full knee extension, some atrophy in quadriceps, tenderness in lower back, was able to flex to his ankles and negative straight leg raising tests. Diagnoses included lumbosacral strain/arthrosis/discopathy with mild central and foraminal stenosis, left knee status post arthroscopic chondroplasty of the medial femoral condyle, excision of medial parapatellar pathologic plica and partial synovectomy. The plan of care included refilling of Naprosyn, Ultracet and Flexeril, Lidoderm cream, 12 additional sessions of work hardening, acupuncture and continuing to stay off duty. According to MTUS, Chronic Pain Medical Treatment guidelines, work hardening is recommended as an option when a trial of physical therapy resulted in improvement followed by a plateau with no likely benefit from continued physical therapy. Also there should be a targeted job for the employee to return to. The records reviewed indicate that the employee's knee examination was mostly unremarkable except some atrophy in quadriceps. The physical therapy notes indicate significant improvement with physical therapy. Given the absence of documentation of a specific job to return to and given an absence of plateau with physical therapy with only minimal atrophy of quadriceps, the request for work hardening/conditioning is not medically necessary or appropriate.