

Case Number:	CM14-0023485		
Date Assigned:	06/11/2014	Date of Injury:	12/04/2013
Decision Date:	07/15/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/25/2014

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 Family Medicine and is licensed to practice in Arizona. 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 45 year old female with a date of injury on 12/4/2013. The patient has been treated for ongoing symptoms in the right knee. Diagnoses include right knee tenosynovitis rule out internal derangement. Subjective complaints are of aching right posterior knee pain. Pain was rated 5/10 and was intermittent and most after light physical activities. Physical exam reveals moderate right knee pain with flexion. Patellar grinding was present, and Lachman's test was positive. Muscle strength was rated 4/5. Right knee x-ray did not reveal a gross fracture or osteopathology. The patient was given crutches, splint, and a knee brace. Submitted documentation does not identify any prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK CONDITIONING 2XWEEK X 4 WEEKS RIGHT 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 HARDENING Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PHYSICAL THERAPY, WORK CONDITIONING.

Decision rationale: California MTUS states criteria for a work conditioning/hardening program includes evidence that there has been an adequate trial of active physical rehabilitation with improvement followed by a plateau. There must also be a specific return-to-work goal. The ODG states that work conditioning amounts to an additional series of intensive physical therapy visits beyond a normal course of physical therapy. For this patient, there is no evidence that a prior trial of physical therapy had been completed. Guidelines state that a work hardening program should only be pursued after an adequate trial of physical medicine. Therefore, the medical necessity of a work conditioning program is not established.