

Case Number:	CM14-0033476		
Date Assigned:	06/20/2014	Date of Injury:	03/06/2013
Decision Date:	07/31/2014	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/17/2014

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 injured worker is a 40-year-old male who reported an injury to his right knee on 03/06/2013 of unknown mechanism. The injured worker complained of bilateral knee pain. Physical examination on 04/01/2014 revealed no abnormal findings of the right knee. The examiner stated that his medical condition had not significantly changed over the past 1 to 2 months and his opinion was that all present reasonable medical treatment had been provided. The injured worker was released at that time with no permanent work restrictions. On 03/10/2014, the injured worker had a work capacity evaluation that stated, based on a review of the examinee's overall safe and sustainable work capabilities, demonstrated during criteria based work simulation and cognitive distraction cross-validation testing, the injured worker was not able to perform all of the essential physical demand requirements for his usual customary job duties as an auto mechanic. The evaluation revealed mild overall biomechanical deficiencies at 86% and severe physiobehavioral responses, pain related fears, harm avoidance, somatization, and disability mindedness. The injured worker had diagnosis of right knee status post arthroscopic surgery. His past treatments were physical therapy and conservative measures to include medications. His medications were ibuprofen 800 mg and hydrocodone 5/325 mg. The treatment plan is for work hardening for the bilateral knees, 10 sessions of 4 hours each. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening for the bilateral knees, 10 sessions of 4 hours each: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Work Conditioning and Criteria for a Work Hardening Program.

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

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, two of the 10 criteria for admission to a work hardening program are; treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning and the worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Also approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. The injured worker complained of pain to bilateral knees. He had past treatments of physical therapy and conservative measures, as well as medications. The injured worker did show plateau after returning to work. However, note dated 12/13/2013, stated the injured worker should increase his stretches at work and at home. The note dated 12/19/2013, stated the injured worker admits to not doing home exercises because he was too busy, and that only a hot bath helps. After review of the documentation provided, there was no documentation demonstrating progress from previous physical therapy and the injured worker admitted to not doing home exercises. Therefore, the injured workers compliance to the work hardening program is questionable. Given the above, the request for work hardening for the bilateral knees, 10 sessions of 4 hours each, is not medically necessary.