

Case Number:	CM14-0036667		
Date Assigned:	03/28/2014	Date of Injury:	09/02/2011
Decision Date:	05/08/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/26/2014

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, has a subspecialty in Pain Medicine 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 28 year-old female with an unknown mechanism injury. The patient has a prior treatment history that included 11 sessions of physical therapy and corticosteroid injection. The patient underwent a left knee arthroscopy with Partial Medial Meniscectomy on 10/02/2013. There are no diagnostic studies for review. Orthopedic note dated 02/18/2014 indicated the patient was in for a follow-up for her right knee arthroscopy. She stated she continues to have weakness, swelling, and pain. There was no effusion of the right knee. Her quad strength is significantly deficient. She has pain anteriorly consistent with patellofemoral and painful fat pad. The patient was recommended to consider an injection combined with work hardening physiotherapy to return her to work in 4 weeks. On physical findings, the knee was normal in appearance with no effusion. There was warmth of the knee, tenderness on palpation, and muscle spasm of the knee. Her knee motion was normal and the knees demonstrated normal movement. There was tenderness observed on ambulation of the knees. Motor strength was reduced. The assessment was synovitis of the knee, status post knee arthroscopy with continued inflammatory change and physical deconditioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING PHYSICAL THERAPY, 3 TIMES A WEEK FOR 3 WEEKS:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS, Work hardening

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg, Work conditioning, work hardening

Decision rationale: According to ODG, Work conditioning, work hardenings recommended as an option, depending on the availability of quality programs, and should be specific for the job individual is going to return to. Work Hardening should be work simulation and not just therapeutic exercise, plus there should also be psychological support. Work Hardening is an interdisciplinary, individualized, job specific program of activity with the goal of return to work. Work Hardening programs use real or simulated work tasks and progressively graded conditioning exercises that are based on the individual's measured tolerances. The medical records document the patient had left knee arthroscopy with partial meniscectomy and loose body removal dated 10/02/2013 the patient had 11 sessions of PT post operatively without significant improvement. In the absence of documented evidence of history of previous injury, current employability, future employability, and time off work, documentation of musculoskeletal, cardiovascular, vocational, motivational, behavioral, and cognitive status by a physician, chiropractor, or physical and/or occupational therapist (and/or assistants), diagnostic interview with a mental health provider, determination of safety issues and accommodation at the place of work injury, the request is not medically necessary according to the guidelines.