

Case Number:	CM14-0041084		
Date Assigned:	06/27/2014	Date of Injury:	09/15/2013
Decision Date:	08/11/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/07/2014

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 Interventional Spine 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 59 year old with an injury date on 9/15/13. The patient complains of occasional moderate right knee pain, radiating to the lower extremities per a 3/11/14 report. The patient had 24 sessions of physical therapy but reached a plateau in his recovery per 3/11/14 report. Based on the 3/11/14 progress report provided by [REDACTED] the diagnoses are a tear of medial right meniscus of right knee, and bursitis of the right knee. An exam on 3/11/14 showed neurological exam of bilateral lower extremities within normal limits bilaterally for deep tendon reflexes, dermatomes, and myotomes. A +2 spasm and tenderness to the right anterior joint line, vastus medialis, and popliteal fossa was noted. Varus test, McMurray's test, and Apley's Compression test were all positive on the right. [REDACTED] is requesting work hardening visits for the right knee. The utilization review determination being challenged is dated 3/27/14. [REDACTED] is the requesting provider, and he provided treatment reports from 9/17/13 to 4/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening visits for Right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening/work conditioning Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- pain work conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126.

Decision rationale: MTUS Guidelines recommend this form of treatment if the patient's musculoskeletal condition precludes the ability to achieve job demands; if the patient has not plateaued after trial of physical/occupational therapy; is not a candidate for surgery; if physical and medical recovery are sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week; a defined return to work goal agreed to by the employer & employee; is no more than 2 years past date of injury; if Work Hardening Program is to be completed in 4 weeks consecutively or less; and the patient has not completed prior work hardening program. In this case, the physician is asking for work hardening to extend therapy. There is no discussion regarding a job that the patient is able to return to, no discussion regarding the patient's ability to tolerate 4 hours of participation a day, etc. According to the criteria listed in with the MTUS Guidelines, the requested work hardening sessions are not indicated for the patient's condition at this time. As such, the request is not medically necessary.