

Case Number:	CM14-0048757		
Date Assigned:	06/25/2014	Date of Injury:	06/29/2011
Decision Date:	07/25/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/27/2014

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 Preventive Medicine, and is licensed to practice in Indiana. 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:

This is a 57 year old female who was sustained a work-related injury in 2011. She has been diagnosed with bilateral patellar tendinitis, bilateral chondromalacia of the patella, right knee cartilage tear. She is currently taking Naproxen and has ankle stabilizers. She is able to perform work doing limited duty. She has undergone bilateral knee arthroscopies and debridement's, but continues to have pain in her knees.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy sessions # 6 for work hardening: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation ODG Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Work Hardening> Page(s): 125-126.

Decision rationale: The above referenced guidelines do recommend work hardening. However, it is intended to be a highly structured program, and has to have a variety of elements in the request such as documentation that the employee is not able to currently work. This employee has been on light duty. Furthermore, the workers must be no more than 2 years past the injury

date. This employee does not meet all the criteria for work hardening; therefore, the request for 6 sessions of PT is not medically necessary and appropriate.