MAXIMUS Federal Services

Case Number:	CM14-0048827		
Date Assigned:	06/25/2014	Date of Injury:	03/27/2013
Decision Date:	07/25/2014	UR Denial Date:	03/12/2014
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 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 54-year-old female with date of injury of 03/27/2013. The listed diagnoses per [redacted] dated 01/27/2014 is slow evolution post right knee medial meniscectomy and chondroplasty. According to this report, the patient is now 3½ months post right knee medial meniscectomy and chondroplasty. She has slightly improved, but is having episodes of locking. She uses a cane to ambulate because when the knee locks, she feels like she is going to fall down. The treater also states, Unfortunately, physical therapy for work hardening was not instituted. The physical exam shows the patient is alert and oriented. Her skin incisions in the right knee are well healed. There is little tenderness over the lateral portal which is the source of her locking. She has no knee effusion. Active range of motion is 0 to 130 degrees limited by the large thigh. There is mild crepitus over the medial joint line and patellofemoral articulation. Negative for meniscal symptoms. The utilization review denied the request on 03/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning 2 times a week x 4 weeks Right Knee: Upheld

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

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

Decision rationale: This patient presents with right knee pain. The patient is status post right knee medial meniscectomy and chondroplasty from 10/09/2013. The MTUS Guidelines page 125 and 126 on work conditioning/work hardening recommends admission to this program when the following criteria are met: Availability of a job to return to work to, work-related musculoskeletal condition and functional limitations precluding ability to safety, achieve current job demands, which are in the medium- or higher-level demands; not likely not able to benefit from continued physical therapy or occupational therapy; is not a candidate for surgery; the worker must be no more than 2 years past date of injury, etc. Based on the records, the patient was authorized for a total of 8 work conditioning sessions with an authorization expiration date of 03/31/2014. The therapy report dated 01/31/2014 shows that the patient is progressing in the work-conditioning program with early addition of joint mobility and an aerobic exercise program. The 02/17/2014 work conditioning therapy report, which is the 6 out of 8 visits, shows that the patient is making slow steady improvement; however, she is not ready for strength training. The rest of the hand-written notes were difficult to decipher. In this case, while the patient is slowly making progress towards her therapy goals, the requested 8 sessions in combination with the previous 8 sessions would exceed ODG's recommendation of 10 visits over 8 weeks. Recommendation is for denial.