

Case Number:	CM14-0056863		
Date Assigned:	07/09/2014	Date of Injury:	03/07/2013
Decision Date:	08/11/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 & 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 45-year-old male who reported an injury on 03/07/2013. The mechanism of injury was not provided for clinical review. The diagnoses included status post arthroscopic surgery of the knee. Previous treatments include surgery, medication, 6 sessions of work hardening, and physical therapy. The clinical note dated 05/13/2014 reported the injured worker complained of knee pain at the end of the day if he does prolonged weightbearing activities. Upon physical examination, the provider noted he had full range of motion of his left knee with tenderness over the medial hamstring. The provider noted there was no effusion. The provider requested 6 additional work hardening sessions. However, a rationale was not provided for clinical review. The request for authorization was provided and dated 04/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Work Hardening 2x3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Medicine Guidelines - Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening/Conditioning Page(s): 125.

Decision rationale: The request for 6 additional work hardening sessions is not medically necessary. The injured worker complained of ongoing knee pain. The California MTUS Guidelines recommend work hardening depending on the availability of quality programs. The guidelines note work-related musculoskeletal conditions with functional limitation precluding ability to safely achieve current job demands, which are in a medium or higher demand level; not clerical or sedentary work. A Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating acute capacities below an employer's verified physical demand analysis; after treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau, but not likely to benefit from continued physical therapy or occupational therapy with general conditioning; the injured worker is not a candidate where other treatments would clearly be warranted to improve function; physical and medical recovery sufficient to allow progressive reactivation and participation for a minimum of 4 hours a day, 3 to 5 days a week; a defined return to work goal agreed on by the employee and employer; a documented specific job to return to with job demands that exceed abilities or documented on-the-job training; the worker must be able to benefit from the program functional and physiological limitations that are likely to improve with the program. Approval of these programs should require the screening process that include file review, interview, and testing to determine likelihood of success in the program. The worker must be no more than 2 years past the injury date. Workers that have not returned to work by 2 years post injury may not benefit. Program timelines: work hardening programs should be completed in 4 weeks consecutively or less; treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains and documented by subjective and objective gains and measurable improvement in functional abilities; upon completion of the rehabilitation program, neither re-enrollment, nor repetition of the same or similar rehab program is medically warranted for the same condition or injury. Guidelines note 10 visits over 8 weeks is recommended. The injured worker has utilized 6 sessions of physical therapy; however, the request submitted for 6 additional exceeds the guideline's recommendation of 10 visits over 8 weeks. There is lack of significant documentation indicating the injured worker has undergone a Functional Capacity Evaluation showing consistent results with maximal effort or demonstrating capabilities below the employee's verified physical demands. There is a lack of significant objective findings showing the efficacy of the previous work hardening sessions. There is a lack of documentation of on-the-job training. Therefore, the request is not medically necessary.