

Case Number:	CM14-0057298		
Date Assigned:	07/09/2014	Date of Injury:	08/14/2013
Decision Date:	08/28/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 48-year-old with a reported date of injury of 08/14/2013 that occurred when two large, heavy boxes fell on him. The patient has the diagnoses of tear of the medial meniscus of the left knee (836.0), right knee surgery (V58.78), bursitis of the right knee (726.60), lumbar strain/sprain (847.2), and lumbar disc displacement without myelopathy (722/10). The progress reports provided by the primary treating physician dated 03/26/2014 states the patient has complaints of occasional severe pain in the right knee, occasional moderate pain of the lumbar back and constant moderate pain of the left knee. The physical exam noted spasm and tenderness to the bilateral lumbar paraspinal muscles with restricted range of motion, spasm, and tenderness to the bilateral anterior joint lines of the knees with restricted range of motion, and positive P-A Drawer and McMurray's test on the left knee. Treatment recommendations included work hardening and conditioning for 10 visits, Naproxen, MRI 3D of the lumbar spine and left knee, functional improvement measurement through a functional capacity evaluation, work hardening screening and psychosocial factors screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening and Conditioning x 10 visits: 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 - Work Conditioning.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines Section on Work Hardening states: Recommended as an option, depending on the availability of quality programs. Criteria for admission to a Work Hardening Program:(1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and Participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR(b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that is likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. There is no provided documentation which shows an adequate trial of physical or occupational therapy followed by plateau and not likely to benefit from continued physical or occupational therapy or general conditioning. For these reasons the requested service is not medically necessary.