

Case Number:	CM14-0072243		
Date Assigned:	06/27/2014	Date of Injury:	03/07/2013
Decision Date:	07/28/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 case involves a 45 year-old male with a 3/7/13 date of injury. The mechanism of onset was not disclosed in the available medical records. On 12/4/13, [REDACTED] performed diagnostic arthroscopy of the left knee and debrided the medial femoral condyle and anterior horn of the lateral meniscus. The post-operative diagnoses was chondral flap, medial femoral condyle, and anterior horn lateral meniscus tear. On 1/21/14, the patient completed 10 of 12 approved physical therapy sessions, and has new complaints of tendonitis. [REDACTED] recommends finishing up the 12 sessions of physical therapy. Because the patient's employer cannot accommodate modified duty, [REDACTED] requests six additional sessions focused on work-hardening. The patient started the six sessions without authorization by the carrier. By 3/4/14 the patient had completed four sessions of the work-hardening and was able to do about 75% of his job duties. The surgeon was still awaiting authorization. By 3/18/14, the patient remained at 75%, and the surgeon was still awaiting authorization to complete the six sessions of work hardening.

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: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The MTUS Postsurgical Treatment Guidelines show that the postsurgical physical medicine treatment timeframe for the meniscectomy is six months. The MTUS Postsurgical Treatment Guidelines state that the general course of care is 12 sessions. The MTUS states that if it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. Additional functional improvement has been shown to be possible. As such, the request is medically necessary.