

Case Number:	CM14-0073837		
Date Assigned:	07/16/2014	Date of Injury:	03/14/2012
Decision Date:	10/06/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 32 year old male who was injured on 03/14/12. The mechanism of injury is not described; however, it is noted the injured worker tore the ACL of the left knee on this date. The injured worker is status post endoscopic ACL reconstruction of the left knee with meniscectomy, chondroplasty, and synovectomy/debridement performed on 08/30/13. The injured worker began postoperative physical therapy on 09/23/13. As of 02/20/14 the injured worker had completed 36 visits of postoperative physical therapy. Physical Therapy Note dated 02/20/14 notes the injured worker continues to have sharp pain and discomfort in the left knee. This note states the injured worker has struggled in rehabilitation and injured worker "very weak in his quadriceps strength." It is noted that the injured worker experiences inflammation and irritation of the knee when he attempts to increase his exercise program. This note states the injured worker's symptoms are consistent with a tendonitis/bursitis at his PES. It is also noted that bruising has recently occurred at the posterior knee for unknown reasons. Examination reveals mild joint effusion and symptoms with a squat past 45 of flexion. Symptoms limit stair climbing to 10 to 20 steps. Symptoms prohibit running. Muscle weakness is noted to be 4/5 about the hip abductors and hamstring/gastrocnemius (knee flexion.) Weakness is noted at 3/5 about the quadriceps femoris (knee extension). No mobility deficit is noted with AROM upon knee extension (0) or flexion (>120). Most recent clinical note dated 04/08/14 states, "Clinically, the [injured worker] has reached plateau and this is due to the fact that he has not had any physical therapy for some time now." It is noted the injured worker has experienced a set back due to a lapse in physical therapy and now complains of swelling, pain, weakness and feelings of giving way. The injured worker also reports of bruising. ROM on this date is 0 to 120. The injured worker is tender over the medial joint and strength is 4/5. The treating provider suggests physical therapy in the form of work conditioning. A request for physical therapy with work

conditioning is submitted on 04/15/14 and subsequently denied by Utilization Review dated 04/22/14 citing a lack of clarification regarding the need for skilled therapy versus a home exercise program and no discussion regarding an employer-employee return to work agreement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Work Conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening and Physical Medicine, Page(s): 125 OF 127; 98-99 OF 127, Postsurgical Treatment Guidelines Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg Chapter, Work conditioning, work hardening section.

Decision rationale: The request for physical therapy with work conditioning is not considered as medically necessary. The treating provider requested physical therapy in the form of work conditioning. The submitted request seems to indicate both continued physical therapy and a work conditioning program are requested. MTUS Postsurgical Treatment Guidelines state the postoperative physical medicine time frame for surgical ACL repair is six months. As the injured worker was beyond this time frame by the date of the request, MTUS Chronic Pain Medical Treatment Guidelines would apply. ODG indicates the criteria for admission into a Work Hardening program and a Work Conditioning program are the same. MTUS Criteria for admission into such a program includes a defined return to work goal agreed to by the employer and employee, a screening process including evaluation of function and psychological limitations, a file review, interview and testing and a status which is less than two years from the date of injury. The injured worker's date of injury is 03/14/12. The request for a work conditioning program was submitted on 04/15/14. This does not meet guideline recommendations. Therefore, this request is not medically necessary.