

Case Number:	CM14-0081358		
Date Assigned:	07/18/2014	Date of Injury:	08/02/2013
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 29 year old male with a work injury dated 8/2/13. The diagnoses include status post left tibial plateau fracture on 8/14/13, Carpal Tunnel Syndrome (Median Nerve Entrapment at the Bilateral Wrists); Lumbar Disc Displacement with Myelopathy; Thoracic Disc Displacement without Myelopathy; Tendinitis /Bursitis of the Bilateral Hands/ Wrists, Tendinitis, Bursitis, Capsulitis of the Left Ankle /Foot. Under consideration is a request for work hardening program x 10 for the left knee/left tibial plateau fracture. There is a primary treating physician (PR-2) document dated 4/23/14 where the patient complains of lumbar, thoracic, left knee and ankle and left foot pain as well as bilateral wrist/hand pain. On exam there was +3 spasm and tenderness to the bilateral thoracic and lumbar spine. There was +3 spasm and tenderness to the bilateral lumbar paraspinal muscles from L1 to S1 and right piriformis muscle. Lumbar range of motion was decreased. Kemp's test was positive bilaterally. The straight leg raise test was positive on the left. Yeoman's was positive bilaterally. Braggard's was positive on the left. The left patellar reflex was decreased. The L4 dermatome was decreased on the left to light touch and the L5 dermatome was decreased on the left to light touch. The neurological examination of the bilateral upper extremities were normal limits bilaterally for deep tendon reflexes, dermatomes and myotomes. There was +3 spasm and tenderness to the bilateral anterior wrists and posterior extensor tendons. The patient ambulated with 8 can in his left hand. The post surgical scar was noted on the left knee. There was tenderness around the anterior and medial joint lines in the knee. There was ankle tenderness and spasm around the malleoli with left ankle valgus and varus positive. The plan includes requesting authorization of post operative work hardening sessions for his left knee and thoracic spine, lumbar spine and bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program x 10 for the left knee/left tibial plateau fracture.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, Work hardening Page(s): 125.

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

Decision rationale: Work hardening program x 10 for the left knee/left tibial plateau fracture. The documentation indicates that the patient has had 42 physical therapy visits. The guidelines state that there must be a return to work goal agreed to by the employer & employee. The documentation submitted does not reveal evidence of this agreement. The request for a work hardening program x 10 for the left knee/left tibial plateau fracture is not medically necessary.