

Case Number:	CM14-0087115		
Date Assigned:	07/23/2014	Date of Injury:	08/09/2013
Decision Date:	12/23/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/10/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for knee pain reportedly associated with an industrial injury of August 9, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; earlier meniscectomy surgery on April 29, 2014; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated May 21, 2014, the claims administrator denied a request for 12 sessions of work hardening. The claims administrator stated that he conducted a teleconference with the attending provider and had been informed that the applicant had not formulated any kind of return to work plan. The applicant's attorney subsequently appealed. In a May 1, 2014 progress note, the applicant reported persistent complaints of knee pain following recent knee surgery of April 29, 2014. The applicant was not presently working as a janitor. It was stated that the applicant had undergone meniscectomy a few days prior, on April 29, 2014. The applicant was asked to pursue work hardening in an effort to facilitate her return to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work hardening 3X4 right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Work Hardening.

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

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for admission to a work hardening program is evidence that work hardening is being sought after treatment with an adequate trial of physical or occupational therapy with improvement followed by a plateau in an individual who is not likely to benefit from continuing physical therapy or occupational therapy or general conditioning. Here, however, the request for work hardening was initiated on May 1, 2014, i.e., a few days after the applicant had earlier undergone knee surgery on April 29, 2014. It did not appear, thus, that the applicant had completed treatment with an adequate trial of physical or occupational therapy with a subsequent plateau with the same. Therefore, the request is not medically necessary.