

Case Number:	CM14-0096211		
Date Assigned:	07/25/2014	Date of Injury:	05/14/2012
Decision Date:	09/30/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	06/24/2014

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 & Rehabilitation, 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 53-year-old male who injured his right knee on 05/14/12 after running up and down the stairs. He complained of right knee pain and swelling. He was diagnosed with meniscal tears and was placed on work restrictions. A series of SynVisc injections did not improve his symptoms. He has allergies to penicillin and sulfa. The x-rays performed on 04/10/13 revealed complete cartilage loss in the lateral patellofemoral compartment. The patient underwent a right total knee arthroplasty on 07/02/13. He underwent 24 postop PT visits and 10 work conditioning visits, which improved his range of motion and function and he was returned to work. He has subsequently complained of continuing right knee pain, weakness and swelling. On examination of the right knee there was positive swelling and scar from previous knee replacement. The patient is on Lyrica 75 mg, Celebrex 200 mg. Diagnoses include primary localized osteoarthritis, lower leg and unspecified internal derangement of knee. The patient's work status was TTD. The current request is for 12 sessions of work hardening for the right knee. The request for work hardening was denied on 06/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Work Hardening program is 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 are 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. In this case, there is no evidence of a defined return to work goal agreed to by the employer & employee as per guidelines. There is no documentation of screening demonstrating the ability of the IW to benefit from this program. The IW is more than two years post-injury. Therefore, the request is not medically necessary.