

Case Number:	CM14-0190653		
Date Assigned:	11/24/2014	Date of Injury:	09/15/2012
Decision Date:	01/12/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/14/2014

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 chronic knee pain reportedly associated with an industrial injury of September 1, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a cane; and earlier total knee arthroplasty surgery of January 13, 2013 with subsequent arthroscopic lysis of adhesion surgery on May 15, 2014. In a Utilization Review Report dated October 15, 2014, the claims administrator denied a request for 10 sessions of work hardening. The claims administrator stated that its decision was based on a September 23, 2014 progress note. The claims administrator stated that the applicant had completed 22 sessions of postoperative physical therapy through that point in time. The applicant's attorney subsequently appealed. In a May 15, 2014 progress note, the applicant did undergo an arthroscopic lysis of adhesions and manipulation under anesthesia procedure to ameliorate a preoperative diagnosis of right knee arthrofibrosis. In a September 23, 2014 progress note, the applicant reported persistent complaints of knee and rib pain. The applicant's knee pain was, at times severe, and aggravated by standing and walking. The applicant's occupation was not clearly stated. Ten sessions of work hardening were sought while the applicant was placed off of work, on total temporary disability. A pain management consultation was also sought. The attending provider stated that the applicant should also undergo various modalities while enrolled in work hardening, including electrical stimulation therapy. On August 26, 2014, the requesting provider sought authorization for electrical muscle stimulation, infrared therapy, cold packs, and myofascial release treatment. On August 11, 2014, the applicant was, once again, kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening x 10 visits (3 times week until 10 are completed)- Right Knee: 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 topic Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the criteria for admission to a work hardening program includes evidence that an applicant has a defined return to work goal agreed upon by both the applicant and employer. Here, however, there was no mention of the applicant's having a specific job to return to. It did not appear that the applicant had a job to return to, several years removed from the date of injury. The requesting provider, furthermore, did not state the applicant's occupation or articulate a clear return to work goal along with his request for work hardening, simply suggesting that he intended the applicant to continue work hardening as an extension of previously prescribed physical therapy. It is further noted that the request for work hardening was seemingly initiated on or around the two-year mark of the date of injury. However, page 125 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicant's intent on enrolling for work hardening should be no more than two years removed from the date of injury. The request, thus, is at odds with page 125 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.