

Case Number:	CM14-0194122		
Date Assigned:	12/01/2014	Date of Injury:	08/27/2013
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/19/2014

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, has a subspecialty in Interventional Spine Pain Management 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 patient is a 49 year old female with an injury date of 08/27/13. Based on the 08/28/14 progress report, the patient complains of knee pain. Examination reveals a marked loss of muscle tone. The patient is unable to squat properly due to weakness. The 09/22/14 report indicates that the patient has weakness of the quadriceps, especially the VMO muscle. She has prepatellar pain, "probably because of the weakness of the quadriceps tendons are not able to hold patella in the groove, causing some friction or inflammation of the knee." The patient previously had an internal derangement repair (no date provided). The 10/14/14 report states that the patient's kneecap is very irritated and her legs feel weak. She has patellar compression pain. The patient has had 13 sessions of physical therapy from 04/08/14- 08/20/14. She is diagnosed with postsurgical knee, patellofemoral syndrome. The utilization review determination being challenged is dated 10/22/14. Treatment reports were provided from 04/09/14- 10/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for admission to a Work Hardening Program.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125.

Decision rationale: According to the 10/14/14 report, the patient presents with pain in her kneecap and legs. The request is for Work Hardening Program. The rationale behind utilization review denial was that there was "lack of information." MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, "approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program." MTUS guidelines, page 125-126 also require possible functional capacity evaluation; ability to participate for a minimum of 4 hours day for 3-5 days/week; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. The 10/14/14 report states that the patient is to "return to full duty on with no limitations or restrictions as of October 14, 2014." In this case, there is no discussion on any "job demands that exceed abilities," as required by MTUS guidelines. In addition, a screening process prior to consideration has not taken place. There were no prior functional capacity evaluations provided nor is there any discussion regarding a defined return to work goal. It would appear that the patient is returning to full duty which obviates the need for a work hardening program. The requested work hardening program is not medically necessary.