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| Case Number: | CM14-0194301 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 01/17/2014 |
| Decision Date: | 01/14/2015 | UR Denial Date: | 10/29/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 Orthopedic Medicine and is licensed to practice in New York. 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 16-year-old male with a date of injury of January 17, 2014. The patient has chronic knee pain. On physical examination there is no knee effusion. Range of motion is 0 through 120. There is medial joint line tenderness. The knee is stable on varus and valgus stress. There is mild quadriceps atrophy. The patient is diagnosed with sprain of the knee. The patient is taken medications. He is status post right knee arthroscopy with partial meniscectomy and chondroplasty with synovectomy. This was performed on May 29, 2014. The patient has had 20 postoperative physical therapy visits. At issue is whether work hardening for the right knee is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening 2 times a week for 6 weeks to the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning: Work Hardening Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 124.

Decision rationale: Work hardening is recommended as an option for patients who have a musculoskeletal condition and functional limitations that the fluid the ability to safely achieve

current job demands. Guidelines indicate that the patient must have a trial of physical therapy with improvement followed by a plateau. Guidelines also indicate that the patient should not be likely to benefit from continued physical therapy. In this case the medical records indicate that the patient has had 20 post-operative physical therapy sessions with noted improvement. There is no mention of plateau or limitations that would preclude him from completing his current job demands. The medical records do not indicate that criteria for work hardening have been met. Specifically there is no documentation of plateau with physical therapy. There is no documentation that the patient cannot specifically the current job demands. Medical records do not support the need for work hardening at this time.