

Case Number:	CM14-0196364		
Date Assigned:	12/04/2014	Date of Injury:	12/02/2012
Decision Date:	01/23/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/24/2014

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 Orthopedic Surgery 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 51-year-old male with a 12/02/12 date of injury. She tripped on a floor mat and twisted his right knee. A progress report dated 09/30/14 states complaints of severe pain in bilateral knees, aggravated by walking and horizontal positions. The patient is status post right knee surgery dated 2013 and underwent 12 postsurgical therapy sessions. The patient underwent left knee surgery in 2014 and underwent 18 postsurgical therapy sessions. Knee examination states past 3 spasm and tenderness to the right anterior joint line and right progressive muscle. Plus two spasm and tenderness to the left anterior joint line. Range of motion is painful and approximately 50% decreased. Drawer test, McMurray's, grinding, varus and valgus tests were negative. Clark's test was positive bilaterally. The diagnoses are aftercare for surgery of the musculoskeletal system and chondromalacia patella of bilateral knees. The patient can barely exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Work Hardening/Conditioning 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine Guidelines - Work Conditioning

Decision rationale: The review of records indicates the patient has had knee arthroscopic surgery with partial medial meniscectomy in 2013 and left knee surgery in 2014. One of the criteria for the request is that the patient is not a candidate for surgical intervention. However, the report does not provide conclusive evidence of this. Diagnosis of chondromalacia patella has not been further studied in this patient, as there are no MRIs provided to describe the details of this condition. It is uncertain, therefore, if the patient has exhausted all applicable treatment. In addition, the requested work conditioning and work hardening require a multidisciplinary evaluation to be performed prior to consideration for admittance. The records do not contain evidence of such evaluation. Therefore, this request is not medically necessary.

Post-Operative Work Hardening/Conditioning 3 times a week for 3 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Knee & Leg (updated 10/07/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Physical Medicine Guidelines - Work Conditioning

Decision rationale: The review of records indicates the patient has had knee arthroscopic surgery with partial medial meniscectomy in 2013 and left knee surgery in 2014. One of the criteria for the request is that the patient is not a candidate for surgical intervention. However, the report does not provide conclusive evidence of this. Diagnosis of chondromalacia patella has not been further studied in this patient, as there are no MRIs provided to describe the details of this condition. It is uncertain, therefore, that the patient has exhausted all applicable treatment. In addition, the requested work conditioning and work hardening require a multidisciplinary evaluation to be performed prior to consideration for admittance. The records do not contain evidence of such evaluation. Therefore, this request is not medically necessary.