

Case Number:	CM14-0196418		
Date Assigned:	12/03/2014	Date of Injury:	04/18/2014
Decision Date:	01/15/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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 Internal 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 injured worker is a 43-year old man who sustained an injury to his left knee on April 18, 2014 as a result of a motor vehicle accident. He has been diagnosed with fracture of the left tibia and cruciate ligament sprain of the left knee. The injured worker has been evaluated with Computed Tomography (CT) and x-rays, which reportedly revealed the impaction fracture. Treatments have consisted of activity restrictions, assistive devices, casting/splinting, ice application, physical therapy, and home exercise program. The injured worker was evaluated for functional improvement on August 4, 2014. The evaluation was performed using an external Goniometer or digital protractor. There was increased range of motion on the left knee flexion from 84 degrees to 100 degrees since the July 7, 2014 assessment. Left knee extension was 0 degrees, external rotation was 20 degrees, and internal rotation was 15 degrees. Per the October 1, 2014 follow-up, the injured worker complained of intermittent moderate to severe left knee pain. Examination revealed 2+ spasm and tenderness of the left anterior joint line and popliteal fossa, and positive posterior-anterior drawer test. Goniometer measurement during this visit was unchanged compared to the August 4, 2014 evaluation. The injured worker has participated in 18 physical therapy sessions and reached a plateau in his recovery. He is release to work with restrictions of no kneeling or squatting as well as no lifting greater than 25 pounds. A plan for work hardening was noted. The treating physician is requesting authorization for 10 sessions of work hardening for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sessions of Work Hardening Program: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Work Hardening Program

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 10 sessions of work hardening program are not medically necessary. The criteria for admission to a work hardening program include, but are not limited to, work-related musculoskeletal condition functional limitations precluding ability to safely achieve current job demands, which are in the medium or high demand level; a functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below employer verified physical demands analysis; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical therapy or occupational therapy for general conditioning; treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvements in functional abilities. According to the utilization review, the injured worker sustained a fracture of left tibia and cruciate ligament sprain of left knee. The injured worker was evaluated for functional improvement on August 4, 2014. Examination included an external goniometer (for range of motion). He participated in 18 sessions of physical therapy and reached a plateau in recovery. The injured worker returned to work on October 1, 2014 with restrictions in terms of no kneeling or squatting and no lifting greater than 25 pounds. Although the injured worker plateaued with physical therapy, there is no indication that he is not a candidate for surgery or other treatments to improve function. A more comprehensive physical performance evaluation has not been provided to illustrate a clear discrepancy between his current functional capacity and his required work demand level to justify consideration to a work hardening program. Additionally, the documentation does not contain a specific return to work or job plan agreed to by the patient and his employer. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The requested 10 sessions of work hardening do not take into account the 1 to 2 week time frame with evidence of compliance and functional improvement, the injured worker was authorized to and has already returned to work on October 1, 2014, and it is unclear whether surgery is an option to improve function of the affected knee. Consequently, absent the additional criteria for a work hardening program, 10 sessions of work hardening are not medically necessary.