

Case Number:	CM14-0197106		
Date Assigned:	12/05/2014	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 Florida, Maryland, Pennsylvania, Tennessee, West Virginia. 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 52 year old male who reported an injury on 12/02/2012, due to tripping on a floor mat and twisting his right knee. His diagnoses was noted to include aftercare for surgery of the musculoskeletal system bilateral knees and chondromalacia patella of the bilateral knees. Past treatments were noted to include 18 sessions of physical therapy and a home exercise program. An MRI was performed on both knees although the medical record was lacking the results. On July 12, 2013, he underwent right knee surgery and on July 15, 2014, he underwent left knee surgery. The surgical record was not included in the documentation submitted for review. After both surgeries were performed, he returned to work with restrictions. In evaluation dated September 30, 2014, the injured worker complained of constant severe bilateral knee pain that was described as sharp. The pain was aggravated by walking and horizontal positions. The injured worker was wearing bilateral knee braces at the time of evaluation. Physical examination revealed +3 spasm and tenderness to the right anterior joint line and right quadriceps muscle. There was +2 spasm and tenderness to the left anterior joint line. Flexion of the left knee was 70/130 and flexion of the right knee was 60/130. Range of motion was noted to be painful. The documentation submitted for review noted the previous sessions of physical therapy has helped decrease his pain. A request was made for one evaluation of post-op work conditioning/hardening screening.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op work conditioning and hardening screening (one evaluation): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg,
Work conditioning, work hardening

Decision rationale: The request for post-op work conditioning and hardening screening (one evaluation) is not medically necessary. The Official Disability Guidelines state work conditioning is an additional series of intensive physical therapy visits that are required beyond a normal course of physical therapy. They are primarily concentrated on exercise, training, and supervision. Work conditioning is typically more intensive than physical therapy and lasts 2 to 3 times as long. The Official Disability Guidelines state a functional capacity evaluation should be performed, administered and interpreted by a licensed medical profession. The results should indicate the intensity consistency with maximal effort and demonstrate the patient has performed below maximal effort and demonstrate capacities below an employer verified physical demands analysis, a PDA. Documentation submitted for review did not provided evidence the patient had a functional capacity evaluation. The guidelines also state the injured worker must have had previous physical therapy evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous physical therapy. In the documentation submitted for review, it stated the injured worker had completed 18 sessions of physical therapy and is active in a home exercise program. Therefore, there is a lack of documentation that would support the injured worker being enrolled in a work hardening and work screening on evaluation. The injured worker would likely benefit from continuation of a home exercise program, physical therapy and possibly medication, in order to continue functional gains and pain reduction. As such, the request for post-op work conditioning and hardening screening (one evaluation) is not medically necessary.