MAXIMUS Federal Services

Case Number:	CM14-0097310		
Date Assigned:	07/28/2014	Date of Injury:	12/24/2009
Decision Date:	01/07/2015	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/25/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic knee pain reportedly associated with an industrial injury of December 24, 2009.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier knee surgery; a cane; and unspecified amounts of physical therapy over the course of the claim.In a Utilization Review Report dated May 30, 2014, the claims administrator denied a request for 24 additional sessions of work hardening. It was stated that the applicant had already completed 24 sessions of postoperative physical therapy. An internal medicine consultation was, however, approved. The claims administrator stated that its decision was based on a May 6, 2014 progress note.On May 8, 2014, the applicant reported ongoing complaints of knee pain. The applicant had reportedly developed a flare of depressive symptoms, it was stated. The applicant was having profound depression, it was stated. The applicant had apparently run out of psychotropic medications but had apparently resumed using Zoloft and tramadol recently, it was stated. The applicant was using a cane to move about. Quadriceps atrophy was appreciated. Twenty-four sessions of work hardening and strengthening were sought while the applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) x 24 additional sessions for work hardening and strengthening of knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125.

Decision rationale: As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, one of the cardinal criteria for pursuit of work hardening program includes evidence that an applicant has a defined return to work goal agreed upon by both the employer and employee. In this case, however, it does not appear that the applicant has a job to return to. The applicant appears to have been placed off of work, on total temporary disability, for what appears to be a span of several years. There was no explicit mention of the applicant's having a job to return to on or around the date of the request. The applicant was approximately five years removed from the date of injury on or around the date work conditioning was sought, strongly suggesting that the applicant did not have a job to return to. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that applicants who have not returned to work on or around the two-year mark of the date of injury may not benefit from work hardening. The attending provider did not seemingly address return to work goals with the applicant on or around the date he sought work hardening. Page 125 of the MTUS Chronic Pain Medical Treatment Guidelines further notes that a pre-admission functional capacity evaluation may be required prior to enrolment in a work hardening program. Here, however, a precursor functional capacity evaluation was not completed. Since several criteria for pursuit of work hardening were not met, the request was/is not medically necessary.