

Case Number:	CM15-0130503		
Date Assigned:	07/16/2015	Date of Injury:	06/30/2014
Decision Date:	08/19/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 51-year-old male who sustained an industrial injury on June 30, 2014. He has reported a right knee injury and has been diagnosed with a right knee injury, status post right knee surgery with partial medial and lateral meniscectomy, re injury of right knee, plantar fascial fibromatosis, calcaneal spur by history, and bilateral osteoarthritis of knee. Treatment has included medical imaging, medication, surgery, bracing, physical therapy, and injections. There was plus 1 peripheral edema bilaterally. The injured worker is currently on disability secondary to surgery on the right knee. He was due for a trial of acupuncture and hopes to be able to return to work after July. The treatment request includes 12 sessions of work conditioning and strengthening of the right knee over 6-8 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work conditioning and strengthening of the right knee over 6-8 weeks:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: The patient presents with pain affecting the right knee. The current request is for 12 Sessions of work conditioning and strengthening of the right knee over 6-8 weeks. The requesting treating physician report was not found in the document provided for review. A report dated 5/18/15 (34C) notes that the patient is to return to modified work duty on 5/18/15. The report goes on to state, "Knee surgery helped a lot", and notes that the patient is to continue home exercises. The MTUS guidelines page 125 states Work conditioning, work hardening programs are recommended as an option depending on the availability of quality programs. Criteria for admission to Work Hardening Program include. (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continue physical or occupational therapy. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (5) A documented specific job to return to. (6) Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The patient is status post right knee meniscectomy on 1/8/15. In this case, the current request for 12 sessions of work conditioning over 6-8 weeks exceeds the 4 weeks supported by the MTUS guidelines. Furthermore, there was no documentation of an FCE or screening process in the medical reports provided for review. Additionally, while the treating physician does note in the most current progress report that the patient is to return to modified work duty, there is no discussion of a specific job to return to. The current request does not satisfy the criteria for admission into a work-conditioning program as outlined on page 125 of the MTUS guidelines. The current request is not medically necessary.