

Case Number:	CM15-0132480		
Date Assigned:	07/20/2015	Date of Injury:	03/25/2014
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/08/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 49-year-old male patient, who sustained an industrial injury on 3/25/2014. He reported hearing a pop and felt immediate right knee pain when he twisted his knee moving heavy items. Diagnoses include right knee meniscal tear status post arthroscopy on 8/7/14, knee strain, osteoarthritis, and internal derangement. Per the doctor's note dated 6/12/15, he had complaints of right knee pain on and off with activities. The physical examination revealed right knee mild swelling, crepitus with range of motion- 0 to 115 degrees, 5-/5 strength, unable to toe walk and difficulty with heel walk. The medications list includes ibuprofen, ultracet and lisinopril. He has undergone right knee arthroscopy on 8/7/2014. He has had activity modification, knee brace, 12 post op physical therapy visits, and six sessions of work conditioning. The plan of care included additional work conditioning sessions twice a week for four weeks for treatment of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning for the right knee 2 times a week for 4 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 (ODG), Work Conditioning (WC) Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 125-126 Work conditioning, work hardening.

Decision rationale: Work conditioning for the right knee 2 times a week for 4 weeks Cited guidelines recommended 10 work conditioning visits over 8 weeks. Patient has already had 12 post op physical therapy visits and 6 work conditioning sessions for this injury. Therefore, the requested sessions in addition to the previously rendered sessions are more than recommended by the cited criteria. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. Per the records, provided patient had 5-/5 strength and range of motion 0 to 115 degrees. Significant functional deficits that would require additional work conditioning is not specified in the records provided. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. Previous physical therapy visit notes and work conditioning session notes are not specified in the records provided. The medical necessity of Work conditioning for the right knee 2 times a week for 4 weeks is not medically necessary for this patient.