

Case Number:	CM15-0167288		
Date Assigned:	09/04/2015	Date of Injury:	02/28/2014
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 49 year old male, who sustained an industrial injury on February 28, 2014. Treatment to date has included epidural steroid injection, left knee surgery and physical therapy. Currently, the injured worker complains of constant moderate to severe lumbar spine pain with radiation of pain to the back of the bilateral legs. He describes his lumbar spine pain as aching and notes that the pain is aggravated by prolonged standing and prolonged sitting. He reports constant moderate to severe thoracic pain and notes that the pain radiates into his rib cage. His thoracic spine pain is described as aching in nature and is aggravated by prolonged standing and prolonged sitting. The injured worker has intermittent moderate to severe left knee pain which he describes a sharp in nature. On physical examination, the injured worker has tenderness to palpation over the bilateral thoracic paraspinal muscles and +2 spasms. He has tenderness to palpation and spasm of the bilateral lumbar paraspinal muscles and positive Kemp's test bilaterally. His straight leg raise is positive on the left and Yeoman's test is positive bilaterally. He has +2 spasm and tenderness to palpation over the left anterior joint line, vastus lateralis and popliteal fossa. A varus test was positive on the left. The diagnoses associated with the request include lumbar disc displacement; rule out left knee tear of lateral meniscus, lateral collateral ligament sprain of the left knee and thoracic sprain-strain. The treatment plan includes ten sessions of work hardening - conditioning, additional physical therapy, and functional improvement evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op work conditioning/hardening left knee Qty: 10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Work conditioning, work hardening.

Decision rationale: The medical records provided for review do not indicate a medical necessity for Post-op work conditioning/hardening left knee Qty: 10. The MTUS guidelines for work conditioning include 10 visits over 8 weeks; screening process that includes file review, interview and testing to determine likelihood of success in the program (the Official Disability Guidelines clarifies that this screening process is in the form of multidisciplinary evaluation); 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 medical records do not indicate there was a screening process to determine program success and therefore is not medically necessary.

Post-op functional capacity evaluation Qty: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, and Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 1. Fitness For Duty Functional capacity evaluation (FCE) 2. Knee & Leg (Acute & Chronic) Functional improvement measures.

Decision rationale: The injured worker sustained a work related injury on February 28, 2014. The medical records provided indicate the diagnosis of lumbar disc displacement; rule out left knee tear of lateral meniscus, lateral collateral ligament sprain of the left knee and thoracic sprain-strain. Treatments have included epidural steroid injection, left knee surgery and physical therapy. The medical records provided for review do not indicate a medical necessity for Post-op functional capacity evaluation Qty: 1. The Medical records indicate the injured worker has completed 12 post-op sessions of physical therapy and the provider wishes to enroll the injured worker in a work conditioning program. The records indicate the provider requested for functional capacity evaluation as a tool to evaluating the injured workers functional improvement measure. The request for functional capacity evaluation was made concurrent with the request for work condition. The Official Disability Guidelines has strict criteria for functional capacity evaluations, including doing it about the time of maximal medical improvement. However, doing Functional Capacity Evaluation just before enrolling on Work Conditioning is one condition where the MTUS recommends doing it when the injured worker is not yet at maximal medical improvement. Nevertheless, the requested functional capacity evaluation is not medically necessary because work conditioning has been determined not to be medically necessary. Also, the Official Disability Guidelines does not consider functional Capacity Evaluation as a Functional improvement measure and therefore is not medically necessary.