

Case Number:	CM15-0183779		
Date Assigned:	09/24/2015	Date of Injury:	09/14/2014
Decision Date:	11/06/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/18/2015

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

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 56 year old male, who sustained an industrial injury on 9-14-14. The injured worker was diagnosed as having status post right knee replacement with persistent pain. The physical exam (3-17-15 through 5-19-15) revealed right knee range of motion 0-115 degrees. Treatment to date has included a right total knee replacement on 12-8-14, physical therapy (from at least 4-21-15 to 8-24-15), a straight leg cane and Motrin. As of the PR2 dated 8-11-15, the treating physician noted an antalgic gait and medial instability. The right knee range of motion is 0-130 degrees. There is no documentation of current or previous work status or if the injured worker has attempted to return to work. The treating physician requested a work hardening program for the right knee 2 times weekly for 6 weeks. The Utilization Review dated 8-27-15, non-certified the request for a work hardening program for the right knee 2 times weekly for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening right knee 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Work Conditioning.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Work conditioning, work hardening.

Decision rationale: The current request is for WORK HARDENING RIGHT KNEE 2 TIMES A WEEK FOR 6 WEEKS. Treatment to date has included a right total knee replacement on 12-8-14, physical therapy, a straight leg cane and medications. The patient's work status is not addressed. MTUS Guidelines, Work Conditioning/Work Hardening section, page 125 has the following: "Criteria for admission to a Work Hardening Program: (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training... (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." Per report 08/11/15, the patient presents with chronic knee pain with antalgic gait and medial instability. The right knee range of motion is 0-130 degrees. The treating physician requested a work hardening program for the right knee 2 times weekly for 6 weeks. MTUS guidelines provide some support for work hardening after an appropriate assessment and defined return to work agreement between employer and employee. However, MTUS specifically limits the program duration to 1-2 weeks without evidence of demonstrated compliance/functional improvements. In this case, the provider is requesting 6 weeks of work hardening without establishing efficacy or patient compliance. There is no evidence of an employer/employee agreement regarding the requested work hardening program, either. Therefore, the request IS NOT medically necessary.