

Case Number:	CM15-0037813		
Date Assigned:	03/06/2015	Date of Injury:	08/04/2014
Decision Date:	04/16/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	02/27/2015

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 42-year-old male, who sustained an industrial injury on 08/04/2014. The diagnoses have included cruciate ligament sprain of the left knee, tear of the medial meniscus of the left knee, left hip sprain/strain, and left ankle sprain/strain. Noted treatments to date have included history of right wrist surgery, physical therapy, and medications. No MRI report noted in received medical records. In a progress note dated 01/27/2015, the injured worker presented for a functional improvement evaluation. The treating physician reported that due to the injured worker's subjective complaints and objective findings, the injured worker requires a program of work hardening/conditioning for 10 visits. According to a progress note dated 10/20/2014, the injured worker presented with complaints of left knee, left hip, left ankle/foot, and lumbar spine pain. Utilization Review determination on 02/06/2015 non-certified the request for Work Hardening Conditioning x 10 visits citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten sessions of work hardening/conditioning: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 125 - 126.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125-126.

Decision rationale: The patient presents with left knee, left hip, left ankle/foot, and lumbar spine pain. The request is for an additional ten sessions of work hardening/conditioning. The patient's diagnoses per RFA 01/27/15 included cruciate ligament sprain of the left knee, tear of the medial meniscus of the left knee, left hip sprain/strain, and left ankle sprain/strain. Per treater report 01/19/15, physical exam findings consisted of +1 spasm and tenderness to the left hip, +3 spasm and tenderness to the bilateral knees and +2 spasm and tenderness to the left ankle/foot. McMurray's test was positive on the left. The patient was released to work with restrictions on 01/19/15. The MTUS Guidelines page 120 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, "Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program." Per treater report 01/27/15, "the patient has completed 10 work hardening treatments and reports improved function since the patient is able to walk for 15 minutes with less pain and sit for 30 minutes with less pain." Per same report the treater requests for additional work hardening sessions to "increase patient's ADL's, decrease work restrictions, decrease medication, swelling and increase measured active range of motion." Treating report 10/20/14 states the patient worked as an electrician 40 hours weekly. The patient is currently unable to squat, bend, lift over 30 pounds, walk or stand for longer than 45 minutes. Treater states the patient needs to be able to perform 4 hours of standing and walking, bend, squat, push, pull and work above shoulder level. The patient has reached lifting 30 pounds but needs to be capable of lifting 51 to 100 pounds frequently. However, there is no documentation of a specific job to return to that does not exceed the patient's abilities. There is also no FCE showing "consistent result with maximal effort, demonstrating capacities below an employer verified physical demands analysis." The request IS NOT medically necessary.