MAXIMUS Federal Services

Case Number:	CM15-0040507		
Date Assigned:	03/10/2015	Date of Injury:	10/31/2011
Decision Date:	04/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 34 year old female, who sustained an industrial injury on October 11, 2011. The injured worker was diagnosed as having arthrofibrosis. The provided medical records did not include the past treatment that the injured worker received. On January 22, 2015, the injured worker was seen in follow-up. She reported she was doing better. She was made P&S in '13. The physical exam revealed 0 to 140 degrees of range of motion, a negative Lachman's test, and a trace of effusion. The treatment plan includes work modifications, continued conditioning and a work hardening program. Sedentary work is recommended. There is no discussion of a specific job tasks is mentioned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning for Right Knee, 1 time per week for 2 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125.

Decision rationale: MTUS Guidelines have very specific criteria to qualify for Work Conditioning. It is not clear that the requesting physician is aware of what this term specifically implies. Per Guidelines, to qualify for Work Conditioning there needs to be a specific agreement between the employee and employer for a future task, the task should not be sedentary and the injury should have occurred within 2 years of the request. None of these standards are met and there are no unusual circumstances to justify an exception to Guidelines. The request for Work Conditioning Right Knee 1 times 2wwks is not supported by Guidelines and is not medically necessary.