

Case Number:	CM15-0057063		
Date Assigned:	04/01/2015	Date of Injury:	07/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/25/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 35-year-old male, who sustained an industrial injury on 7/19/2014. Diagnoses have included left knee joint pain. Treatment to date has included left knee arthroscopy, physical therapy and medication. According to the progress report dated 3/6/2015, the injured worker was six months postoperative from a left knee arthroscopy and had started full duty. He complained of pain as the day went by. He had completed thirty sessions of physical therapy. The injured worker was noted to be alert and in no apparent distress. The treatment plan was for work conditioning and medications as needed. Authorization was requested for a work-conditioning program, six to twelve visits for four weeks for the left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning program 6 to 12 visits, left knee, per 3/4/15 order Qty: 12.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical medicine guidelines - Work conditioning.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Work Conditioning.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, work conditioning program 6-12 visits, left knee per March 4, 2015 order is not medically necessary. Work conditioning is recommended as an option for treatment of chronic pain syndromes depending on the availability of quality programs. Criteria for admission to a work hardening program include a prescription; screening documentation that includes diagnosis/diagnoses, work status before injury, work status after injury, etc.; diagnostic interview with mental health provider; job demands; a functional capacity evaluation; previous physical therapy with evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by Plateau with evidence of no likely benefit from continuation of previous treatment; the injured worker is not a candidate for surgery, injections or other treatment to improve function; other contraindications; a return to work plan; drug problems; program documentation; trial-treatment is not supported for longer than 1 to 2 weeks without evidence of compliance and demonstrated significant gains; etc. In this case, the injured worker's working diagnoses are left knee joint pain; and history knee arthroscopy. A progress note dated March 4, 2015 shows the injured worker underwent a knee arthroscopy and has returned to work full time. The injured worker is "doing okay" and denied any radiation of pain/instability/locking/fall but does have pain as the day goes on. The injured worker completed 30 out of 30 physical therapy sessions. Physical examination was deferred on that date (March 4, 2015). Consequently, absent clinical documentation with a clinical need for a work-conditioning program, work conditioning program 6-12 visits to the left knee per March 4, 2015 is not medically necessary.