

Case Number:	CM15-0082563		
Date Assigned:	05/05/2015	Date of Injury:	02/25/2014
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/29/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 54 year old female who sustained an industrial injury on 2/25/14. The mechanism of injury is unclear. She currently (2/16/15) complains of pain about the left knee mainly to the medial compartment. She has had eight post-operative physical therapy sessions. She is experiencing sleep difficulties. On physical exam there is swelling over the medial compartment and infrapatellar region. There is good range of motion with difficulty achieving full extension but is able to fully extend. There is some functional limitations with activities of daily living. Medications were not specifically listed. Diagnoses include left knee medial and lateral meniscal tears; chondromalacia grade III of the patella and labral tibial plateau; synovitis; status post left knee diagnostic arthroscopy, left knee partial medial meniscectomy, subtotal lateral meniscectomy, chondroplasty lateral tibial plateau and patella, synovectomy and lateral retinacular release (11/11/14); atrophy of the left lower extremity. In the progress note dated 12/1/14 (approximately three weeks post-operative) the injured worker complains of pain, swelling and pressure of the left knee with difficulty walking and weight bearing. She rated her pain as 6-8/10. In the progress note dated 12/15/14 the injured worker exhibits loss of range of motion, strength and function 5 weeks post-operatively and was prescribed manual therapy, therapeutic exercises, home exercise, and neuromuscular re-education to increase balance. Diagnostics include x-ray of the left knee (10/21/14) indicating medial and lateral tear of the left knee. In the progress note, dated 2/16/15 the treating provider's plan of care includes ongoing physical therapy to include quad strengthening training as she still has quadriceps atrophy and

some limited range of motion and continues to exhibit functional limitations with activities of daily living. This would improve patellar tracking and facilitate her return to her occupation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work hardening - 8 treatments (left knee): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 125-126.

Decision rationale: Work conditioning or hardening is recommended as an option but has several criteria, which must be met. This injured worker does not meet all of the criteria. The worker is within the two year recommended time limit since her injury but she is recently status post surgical intervention. The records do not show she has plateaued with physical therapy. Details of the job work conditions are also not included. The work-conditioning program's medical necessity is not substantiated in the records.