

Case Number:	CM15-0086504		
Date Assigned:	05/08/2015	Date of Injury:	06/10/2014
Decision Date:	06/09/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/05/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 46 year old female, who sustained an industrial injury on 06/10/2014. She has reported subsequent low back, bilateral knee and left ankle pain and was diagnosed with sub-acute traumatic moderate repetitive lumbar spine, bilateral knee and left ankle sprain/strain, posterior disc bulge at L4-L5 and L5-S1 and tenosynovitis of the left ankle. Treatment to date has included oral pain medication, physical therapy, acupuncture and bracing. In a progress note dated 03/26/2015, the injured worker complained of low back, bilateral knee and left ankle pain. Objective findings were notable for slight-moderate spasticity and moderate tenderness to palpation of the paralumbar musculature, decreased range of motion, positive Lasegue's and Braggard's tests, slight swelling, reduced range of motion and tenderness to palpation of the knees and slightly swelling, tenderness and reduced range of motion of the left ankle. A request for authorization of 6 sessions of work hardening for the left knee was submitted to help improve the injured workers functional capacity and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of work hardening for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Guideline. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Six (6) sessions of work hardening for the left knee is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that 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. The guidelines state that there should be a defined return to work goal agreed to by the employer & employee. The patient should not be a candidate where surgery or other treatments would clearly be warranted to improve function. The documentation does not indicate a defined return to work goal agreed on by the employer and employee although the documentation does indicate that the patient has returned to work on modified duty with restrictions. Additionally, the documentation indicates that further medical treatment was recommended on the 2/12/15 progress note including possible epidural injections, acupuncture, PT and chiropractic care. For these reasons the request for work hardening is not medically necessary.