

Case Number:	CM14-0139451		
Date Assigned:	09/05/2014	Date of Injury:	12/04/2013
Decision Date:	10/21/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 32-year-old male with a 12/4/13 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/8/14, the patient's left knee continued to do well almost 5 months post-surgery. He has completed 2 out of 5 sessions of work conditioning. The patient has been doing modified work. Objective findings: normal gait, left knee surgical sites healed and normal range of motion of knees. Diagnostic impression: knee tear, cruciate ligament (left). Treatment to date includes medication management, activity modification, work conditioning, home exercise program, surgery, and physical therapy. A UR decision dated 8/20/14 modified the request for 12 visits of work conditioning to 5 visits. Given the fairly extensive treatment he has had to date, it is likely that a partial approval could theoretically ameliorate all of his residual deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 visits of Work Conditioning: Upheld

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

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

Decision rationale: The California MTUS states that work conditioning is recommended as an option. In addition, Official Disability Guidelines states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy. According to the most recent report provided for review, the patient has completed 2 of 5 authorized work conditioning sessions. However, there is no documentation of functional improvement or gains in activities of daily living from the prior work conditioning sessions. Authorization for additional sessions would require documentation of pain relief and/or functional gains after the patient has completed the total authorized sessions. Therefore, the request for 12 visits of Work Conditioning is not medically necessary.