

Case Number:	CM14-0151080		
Date Assigned:	09/19/2014	Date of Injury:	11/21/2013
Decision Date:	10/20/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/16/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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:

The patient is a 46 year old male with an injury date on 11/21/2013. Based on the 08/05/2014 progress report provided, the patient complains of knee weakness. The progress reports provided do not discuss any positive exam findings. The patient is diagnosed with status post right knee repair of patellar tendon rupture on 11/22/13. Provider is requesting for work hardening program 2 times 6 weeks. The utilization review determination being challenged is dated 08/05/2014. Four of the recent progress reports provided are hand-written and brief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening Program 2 times 6 weeks: Upheld

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

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

Decision rationale: According to the 08/05/2014 report, this patient presents with knee weakness. The treater is requesting for work hardening program 2 times 6 weeks. Regarding work hardening program, MTUS guidelines require possible functional capacity evaluation; not a

candidate for surgery; ability to participate for a minimum of 4 hours day for 3-5 days/week; a specific job to return to; a screening process to determine likelihood of success; no more than 2 years from the date of injury; and the program to be completed in 4 weeks or less. In this case, the review of reports shows that the patient has had 35 post-op therapy sessions. The patient is provided with modified work status but no documentation of return to work plan with the employer. There is no discussion regarding screening and whether or not the patient is able to tolerate the program. The request is not medically necessary.