

Case Number:	CM14-0193563		
Date Assigned:	12/01/2014	Date of Injury:	03/23/2013
Decision Date:	01/13/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/19/2014

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 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 injured worker is a 45 year-old male, who was injured on March 23, 2013, while performing regular work duties. The mechanism of injury is from pushing and pulling luggage to place in an airplane. The injury was to the left knee. The records dated February 27, 2014, indicate the injured worker had a magnetic resonance imaging of the left knee, on May 9, 2013, which revealed degenerative changes. The result of this magnetic resonance imaging is not available for this review. The records indicate the injured worker underwent left knee surgery August 2013, an operative report dated July 7, 2014 is provided revealing a left knee surgery on that date. The records indicate the injured worker has undergone at least 12 physical therapy sessions following surgery. The evaluation on September 3, 2014, indicates the injured worker was placed on a modified work status. An evaluation on October 8, 2014, indicates left knee range of motion with extension at 180 degrees, and flexion of 120 degrees, ambulation is with a mild left antalgic gait, no tenderness or effusion is present. The request for authorization is for work conditioning program, two (2) times weekly for six (6) weeks, for the left knee. The primary diagnosis is sprain of lateral collateral ligament of knee. On November 3, 2014, Utilization Review non-certified the request for work conditioning program, two (2) times weekly for six (6) weeks, for the left knee, based on MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Conditioning Program 2x6 for left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

Decision rationale: Guidelines do not support the use of Work conditioning when ongoing treatment is occurring and the provider has continued treatment plan for therapy. Additionally, work conditioning is generally not a consideration when the duty status remains unchanged without evidence of functional improvement from treatment rendered. Submitted reports have not adequately demonstrated maximal efforts with functional limitations precluding the patient from current job demands, documented plateau status from trial of physical or occupation therapy, unlikely to improve with continued therapy; nor identify patient to be a non-surgical candidate with sufficient medical and physical recovery to allow for progressive reactivation and participation in the work conditioning program. Work conditioning in the true sense is focused exercises by the patient, utilized in the presence of musculoskeletal dysfunction when the problem is non-surgical and there has been no response to the standard amount of physical therapy. Modified work should have been attempted and there should be a clear understanding of the specific goal that cannot be performed independently. Criteria for program admission also require prior mutual agreement between the employee and employer of a defined return to work goal; specific job to return to with documented on-the-job training available not been demonstrated here. The worker must be no more than 2 years past date of injury and 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. Upon completion of the rehabilitation program, neither re-enrollment in or repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The individual in most cases can perform work conditioning after initial instruction by a Physical Therapist. Criteria for work conditioning have not been met or established in this case. The Work Conditioning Program two times six for left knee is not medically necessary and appropriate.