

Case Number:	CM15-0111478		
Date Assigned:	06/17/2015	Date of Injury:	04/24/2014
Decision Date:	07/16/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/09/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 (IW) is a 44-year-old female who sustained an industrial injury on 04/24/2014. She reported pain when going up or down stairs and pain with squatting and kneeling. The injured worker was diagnosed as having left knee medial meniscus tear with extensive synovitis of the knee. Treatment to date has included arthroscopy of the left knee with partial medial meniscectomy, complete synovectomy of the knee and injection of platelet-rich plasma. Currently, the injured worker continues to complain of pain in her left knee. Her pain at this time is 3/10. She has trouble going up and down stairs and pain with squatting and kneeling. She is unable to tolerate regular anti-inflammatories due to gastritis. On exam, there are well-healed surgical portal sites. There is a negative McMurray test and negative anterior and posterior drawer sign and a negative Lachman maneuver. The knee is satisfactorily stable to Varus and valgus stress testing at full extension and 30 degrees of flexion. There is significant quadriceps atrophy with decreased strength in quads and hamstrings. Medications include Duexis. The plan is for aggressive stretching and strengthening to be done in a work hardening program. She is to return to work with restrictions of limited standing and walking to no more than four hours a day, no kneeling or squatting, no climbing, no lifting, pushing, or pulling more than 10 lbs. A request for authorization is made for 12 initial work conditioning program, 3 visits per week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 initial work conditioning program, 3 visits per week for 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Work Loss Data Institute, LLC; Corpus Christi, TX; www.odg-twc.com; Section; Knee & Leg (Acute & Chronic) (updated 02/27/2015) ACOEM - <https://www.acoempracguides.org/ChronicPain>; Table 2, Summary of Recommendations, Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning/work hardening Page(s): 125-126.

Decision rationale: Chronic Pain Medical Treatment Guidelines state regarding work condition/hardening: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). (2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. (3) Not a candidate where surgery or other treatments would clearly be warranted to improve function. (4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. (5) A defined return to work goal agreed to by the employer & employee: (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. (6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. (7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit. (8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. (9) 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. (10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury. The medical documentation provided indicates this patient has attended post surgical PT. The patient's current complaints include weakness and atrophy of the muscle that was not improved with PT. This patient has been returned to work on modified duty. The request is within guideline recommendations. As such, the request for 12 initial work conditioning program, 3 visits per week for 4 weeks is medically necessary.