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| Case Number: | CM15-0121061 | | |
| Date Assigned: | 07/01/2015 | Date of Injury: | 12/09/2012 |
| Decision Date: | 08/13/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/23/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48-year-old male who sustained an industrial injury on 12-9-12. Diagnoses are left knee anterior cruciate ligament sprain, left knee chondromalacia, status post left knee medial compartment arthroplasty-partial knee replacement-11-17-14. In a progress report dated 5-29-15, the treating physician notes subjective complaints of left knee weakness and popping. He is currently using H-Wave. Medications are Norco and Ibuprofen. A urine drug screen on 3-2-15 was consistent with prescribed medications. The plan is for physical therapy. Work status is total temporary disability. The requested treatment is work conditioning- 12 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning (12 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The claimant sustained a work-related injury in December 2012 and underwent a partial left knee arthroplasty in November 2014. When seen, he had weakness and popping. He was using an H-wave unit. Norco and ibuprofen were being prescribed. Authorization for physical therapy for strengthening and for work conditioning was requested. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Criteria for a work-conditioning program include completion of an adequate trial of therapy with improvement followed by plateau. In this case, there is no documentation of a return to work plan including the physical demand level required. Additional strengthening is also being requested which indicates that the requesting provider does not consider the claimant to have reached a plateau in improvement. The request was not medically necessary.