

Case Number:	CM15-0027566		
Date Assigned:	02/19/2015	Date of Injury:	10/15/2013
Decision Date:	04/07/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 10/15/13. The diagnoses have included left knee lateral tracking patella, chondromalacia of lateral tibia plateau and left medial meniscus tear status post arthroscopy. Treatment to date has included medications, diagnostics, surgery and physical therapy. Surgery included left knee surgery 9/17/14. Currently, the injured worker complains of ongoing left knee pain and weakness. Magnetic Resonance Imaging (MRI) of the left knee dated 7/19/14 revealed degenerated and contused appearance of the medial meniscus, wear of the lateral joint stabilizers and small popliteus tendon sheath ganglion. Physical exam revealed left knee has crepitus with range of motion; there was tenderness and minimal effusion. There was minimal atrophy in the left quadriceps mechanism. She was attending physical therapy and they recommended of work conditioning/ hardening sessions for the left knee. There were documented physical therapy sessions in the records. Work status was modified duty. On 1/30/15 Utilization Review modified a request for 12 sessions of work conditioning/ hardening sessions for the left knee modified to 10 sessions of work conditioning sessions for the left knee, noting that work hardening was not medically necessary due to lack of a functional capacity evaluation. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of work conditioning/ hardening sessions for the left knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work hardening programs Page(s): 125. Decision based on Non-MTUS Citation Official disability guidelines Knee & Leg Chapter, Work conditioning, work hardening.

Decision rationale: Per the 01/12/15 report the patient presents with ongoing left knee pain with some weakness s/p arthroscopy 09/17/14. The current request is for 12 SESSIONS OF WORK CONDITIONING/HARDENING SESSIONS FOR THE LEFT KNEE per the 01/22/15 RFA. The patient is on modified duty for the next 4 weeks. MTUS guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training. Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. ODG, Knee & Leg Chapter, Work conditioning, work hardening, guidelines allow 10 visits over 8 weeks. The treater states this request follows recommendation for the program by Physical therapy and is to return the patient to full duty without restriction as soon as possible. Therapy treatment notes show the patient received 10 sessions for post op treatment of the left knee as of 12/17/14. In this case, a trial of PT is documented and there is no evidence that the patient is a surgical candidate; however, there is no discussion of a defined return to work goal agreed by employer and employee. No screening process is documented in the reports provided that include file review, interview and testing. Furthermore, the requested 12 sessions exceed what is allowed by the MTUS guidelines. In this case, the request IS NOT medically necessary.