

Case Number:	CM15-0061661		
Date Assigned:	04/07/2015	Date of Injury:	07/27/2014
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/01/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on 7/27/2014. The current diagnosis is status post left knee arthroscopy (11/21/2014). According to the progress report dated 2/23/2015, the injured worker complains of weakness and overall fatigability regarding his left knee, specifically in the quadriceps. He is also experiencing symptoms of achiness, stiffness, pain, and swelling with prolonged weight bearing activity. Postoperatively, he is making slow and steady progress. The patient has had full ROM, 4/5 strength, and mild effusion. His range of motion is back to baseline. The current medication list was not available for review. Treatment to date has included rest, ice, anti-inflammatories, MRI studies, and physical therapy. The plan of care includes work conditioning, twice weekly for six weeks to the left knee. The patient has had MRI of knee that revealed meniscus tear. The medication list includes Vicodin. Patient has received an unspecified number of PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning, twice weekly for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 125-126 Work conditioning, work hardening.

Decision rationale: Request: Work conditioning, twice weekly for six weeks. Per the CA MTUS guidelines cited below, criteria for work conditioning includes: (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. (5) A defined return to work goal agreed to by the employer & employee: (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. Postoperatively, patient is making slow and steady progress. The patient has had full ROM. His range of motion is back to baseline. A work-related musculoskeletal deficit with the addition of evidence of physical, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE documenting physical demands level was not specified in the records provided. Per the records provided, the patient has received an unspecified number of PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Any such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. The medical necessity of the request for Work conditioning, twice weekly for six weeks is not fully established in this patient, therefore is not medically necessary.