

Case Number:	CM15-0070146		
Date Assigned:	04/17/2015	Date of Injury:	09/16/2013
Decision Date:	05/19/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/13/2015

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, 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 37 year old female who sustained an industrial injury on 9/16/2013. Her diagnoses, and/or impressions, included: pain of right knee; chronic right knee pain with chondrosis; patellar tendonitis; left ankle pain; and gait disturbance. The history notes a second date of injury (DOI) to be 8/29/2013. Recent magnetic resonance imaging studies of the right knee are stated to have been done on 9/3/2014. Her treatments have included physical therapy; use of cane; home exercise program; soft knee splint; and modified work duties. Progress notes of 3/6/2015 (for DOI 9/16/2013) reported completion of 6 physical therapy sessions; that her therapist would like more sessions; that she is no longer using a cane; and is now only using the knee brace for occasional long distance walking. Also reported was that the patellar injection worked well for only 2 weeks before the pain returned, and that she has remained off work for a little over a year. The physician's requests for treatments were noted to include that she needed a work hardening program and to know what level of motivation could be accommodated by the employer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for work hardening treatments for the right knee, 6 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page(s): 125-6 of 127.

Decision rationale: Regarding the request for Work hardening, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. After treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear that the patient's job demands are in a medium/higher demand level, that the patient is unable to perform those duties, and that a defined return to work goal has been agreed upon by the employer. In the absence of clarity regarding those issues, the currently requested work hardening is not medically necessary.