

<b>Case Number:</b>	CM13-0038316		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	09/19/2012
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 38 year old female who on 09/19/2012 played soccer with children on a cemented playground and was tripped by a child. The patient fell onto her left knee and went backwards onto her right arm and fell down. The patient has not worked since September 29, 2012. The patient began conservative treatment with [REDACTED] as well as [REDACTED], chiropractors. [REDACTED] saw her for the first time on 10/17/2012. Chiropractic treatment followed. The patient had 14 physical therapy visits and 16 acupuncture visits. Diagnostic studies included a left knee X-ray on 12/26/2012 which revealed suprapatellar spurring; and a left knee MRI on 03/03/13 which revealed maltracking of patella. Clinic noted on 01/20/2014 an MRI of the right shoulder was taken. The impression was supraspinatus and intraspinatus tendonitis and mild acromioclavicular joint degenerative change. A cervical MRI was taken on 01/20/2014 that showed mild multilevel degenerative disc disease. An additional orthopedic consultation was noted on 10/08/2013 and the patient was diagnosed as permanent and stationary pertaining to the left lower extremity. An MRI for the right shoulder was recommended. Clinic noted the patient followed a total of 14 acupuncture visits and the symptoms were reduced to occasional with moderate right shoulder pain and intermittent/frequent moderate/severe left knee pain. Instability in the patient's left knee prevents the patient from walking more than 45 minutes. The objective findings were an improved right shoulder ROM to full range; positive Codman's Test for pain and weakness on the right; slight myospasm along the right trapezius and teres; moderate myospasms along the right scalene; painful left knee flex: 90/120; positive McMurry's Medial and Lateral Stability Test on the left; and moderate tenderness along the anterior and medial left knee joint. Recommended treatment for the patient was to concentrate on stretching, strengthening and preventing deconditioning of

the patient's right shoulder and left knee and additional work conditioning program at 2x week for 4 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Work conditioning:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening Page(s): 125-126.

**Decision rationale:** The Physician Reviewer's decision rationale: This patient was diagnosed with cervical sprain/neuritis, right shoulder sprain, left knee internal derangement/chondromalacia, and depression. She was noted to be treated conservatively with some improvement followed by plateau. As per the CA MTUS guidelines, work hardening is recommended for work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the median or higher demand level. An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified PDA. There is no documentation that an FCE was done before that showed functional limitations. Additionally, guidelines indicate that a defined return to work goal needs to be documented with specific job to return to with job demands that exceed abilities. A note dated 10/08/2013 indicates that she has not returned to work since 09/29/2012. It is also unclear if she has a job to return to. Furthermore, the request is for 2x 4 weeks, however guidelines indicate 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. Thus, the request is non-certified.