

<b>Case Number:</b>	CM13-0039801		
<b>Date Assigned:</b>	12/20/2013	<b>Date of Injury:</b>	01/11/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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/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 injured worker is a 53-year-old male with a reported date of injury on January 11, 2008. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include degenerative arthritis of the knee, lumbar spondylosis, and history of total knee arthroplasty. His previous treatments were noted to include physical therapy, acupuncture, pain medication, and surgery. The progress note dated September 5, 2013 reported the injured worker's range of motion to the right knee was better, with flexion close to 90 degrees and decreased extension lag to approximately 15 degrees. The provider reported a cane was still being used and there was no effusion or instability on the right knee examination. The request for authorization dated September 6, 2013 was for a work-hardening program; however, the provider's rationale was not submitted within the medical records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK HARDENING PROGRAM:** 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 Work Conditioning, Work Hardening Page(s): 125.

**Decision rationale:** The injured worker has been treated with physical therapy and a description of the injured worker's job duties was submitted within the medical records. The California Chronic Pain Medical Treatment Guidelines criteria for admission to a work-hardening program include work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in medium or higher demand level. A Functional Capacity Evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer-verified physical demand analysis. The Guidelines also state after treatment with an adequate trial of physical or outpatient with improvement followed by a plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning. The injured worker must not be a candidate where surgery or other treatments would clearly be warranted to improve function. The Guidelines also state a defined return to work goal agreed to by the employee and employer such as a documented specific job to return to with job demands that exceed abilities. The injured worker must be able to benefit from the program; approval of these programs should require a screening process that includes file review, interview, and testing to determine the likelihood of success in the program. The worker must be no more than 2 years past the date of injury, workers that have not returned to work by 2 years post injury may not benefit. There is a lack of documentation regarding a Functional Capacity Evaluation being performed. The guidelines recommend the worker be no more than 2 years past the date of injury; however, the injured worker is 6 years post injury. There is a lack of documentation regarding improvement during physical therapy followed by a plateau; physical therapy notation reported the injured worker would benefit from continued physical therapy. Therefore, the request is not medically necessary.