

<b>Case Number:</b>	CM13-0044943		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	05/03/2012
<b>Decision Date:</b>	03/11/2014	<b>UR Denial Date:</b>	10/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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 57-year-old male who reported a work-related injury on 05/03/2012, as a result of strain to the left knee. Subsequently, the patient is status post a left total knee arthroplasty as of 05/15/2013. The patient completed postoperative rehabilitation. The clinical note dated 10/16/2013 signed by [REDACTED] revealed the patient was seen in clinic for continued left knee, left hamstring, and lumbar spine pain complaints. The provider documents upon physical exam of the patient, range of motion of the left knee was at 0 to 120 degrees. The provider recommended a work hardening program be instituted for the patient's pain complaints.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 work hardening visits for the left knee over 3 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125.

**Decision rationale:** The current request is not supported. California MTUS indicates specific criteria prior to the requested participation in work hardening program, to include evidence of a Functional Capacity Evaluation or a psychological evaluation. Given that the clinical notes

failed to evidence the above as well as plateau with physical therapy, the request for 12 work hardening visits for the left knee over 3 weeks is neither medically necessary nor appropriate.