

<b>Case Number:</b>	CM13-0054429		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/14/2004
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	10/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 65-year-old female who reported an injury on 04/14/2004. The mechanism of injury occurred when the injured worker stepped onto the first step of the blood mobile and felt a pulling in the back of her right knee. Initially, the injured worker self treated her right knee and continued to work fulltime for about 4 weeks, during which time, she continued to advise her supervisor of the right knee pain. The injured worker underwent physical therapy, but due to her work schedule she was unable to attend as scheduled. The injured worker did perform a home exercise program for the right knee and continued to work full time. Eventually, the injured worker was placed on modified duty. MRI of the right knee dated 04/20/2007, revealed the injured worker had patellofemoral chondromalacia in early 2010 the injured worker had an x-ray of the bilateral knees due to complaints of crepitus in her left knee that was attributed to protecting the right knee, and was diagnosed with bilateral patellofemoral chondromalacia. The injured worker received a series of Synvisc injections to the right knee which was not effective in 2012. There was a request placed for a right total knee replacement in 04/2013. The requested service is for 6 physical therapy/work hardening sessions, 1 prescription of Norco 10/325 mg, and 1 prescription for Celebrex 200 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**SIX PHYSICAL THERAPY/WORK HARDENING SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** It is documented in the medical record that there has been a formal request sent for a right total knee replacement, and that the injured worker's date of injury is 10 years past. Therefore, a work conditioning program, a work hardening program has not been met per California MTUS Guidelines. In reference to physical therapy, there is no documentation in the medical record of any recent functional deficits that would warrant the medical necessity for physical therapy at this time. As criteria for work hardening has not been met per California MTUS Guidelines, and there are no documented significant recent functional deficits noted in the medical record that would warrant the medical necessity for physical therapy, the request for 6 physical therapy/work hardening sessions is non-certified.