

<b>Case Number:</b>	CM14-0002290		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	02/23/2010
<b>Decision Date:</b>	06/06/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 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 63-year-old with a reported injury date on January 23, 2010; the mechanism of injury was not provided. The progress note dated December 18, 2013 noted that the injured worker had complaints that included increased discomfort to the right knee with the colder weather. Objective findings included tenderness to palpation over the medial joint line and mild medial pain with McMurray maneuver. Additional findings included range of motion measured 0 to 120 degrees with satisfactory quadriceps and hamstring strength. It was noted that the injured worker was to continue with full duty. The request for authorization for work conditioning 2x6 was submitted on December 13, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**WORK CONDITIONING 2 TIMES PER WEEK FOR 6 WEEKS #12:** Upheld

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

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

**Decision rationale:** It was noted that the injured worker had complaints that included increased discomfort to the right knee with the colder weather. Objective findings included range of

motion of the right knee measured from 0 to 120 degrees with satisfactory quadriceps and hamstring strength. It was noted that the patient was to continue with full duty. The California Medical Treatment Utilization Schedule Guidelines recommend a timeframe of ten visits over eight weeks. Work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy in order restore the client's physical capacity and function. The medical necessity for a work conditioning program has not been established. There is lack of quantifiable evidence that the injured worker had received prior physical therapy and if it provided restoration of function. Additionally, there is no significant symptomatology noted that would appear to benefit from a work conditioning program as the injured worker is considered full duty and has adequate range of motion and strength. Furthermore, the request exceeds the recommended number of sessions. The request for work conditioning, twice weekly for six weeks, is not medically necessary or appropriate.