

<b>Case Number:</b>	CM14-0118585		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/11/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	06/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 & 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 patient is a 41-year-old male who has submitted a claim for arthroscopy associated with an industrial injury date of December 11, 2010. Medical records from 2014 were reviewed. The patient is status post arthroscopy of the left knee and presents left knee pain. Physical examination showed well-healed scars and pain on flexion. The complete diagnosis was status post arthroscopy, left knee with medial meniscectomy and chondroplasty. Treatment to date has included oral analgesics, left knee arthroscopic surgery, and physical therapy. Utilization review from June 25, 2014 modified the request for physical therapy 2x6 and work conditioning 2x6 on passive and active flexion exercises to physical therapy 2x2 weeks. This is to allow completion of the stabilization/strengthening/ROM program along with instruction for a current/active/progressive and encourage home exercise program to which the patient will transition following the four session. The request for work hardening/conditioning program was denied. There are no modalities in PT requested that could not be done in the home exercise program. There was also no mention of attained plateau in PT nor detail to define need for a work hardening program.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy Two Times A Week For Six Weeks (2 x 6) and Work Conditioning For Two Times A Week For Six Weeks On Passive And Active Flexion Exercises: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125-126, Postsurgical Treatment Guidelines Page(s): 25.

**Decision rationale:** CA MTUS Post-Surgical Treatment Guidelines recommend 12 visits over 12 weeks of post-operative physical therapy for dislocation of knee; tear of medial/lateral cartilage/meniscus of knee; and or dislocation of patella. With regards to work conditioning, pages 125-126 of CA MTUS Chronic Pain Medical Treatment Guidelines state the criteria for admission to a work hardening program which includes: work-related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level; after treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued therapy; a defined return to work goal agreed by the employer and employee; no more than two years past date of injury; and upon completion of a rehabilitation program, neither re-enrollment nor repetition of similar rehabilitation program is medically warranted for the same condition. In this case, the patient had undergone left knee arthroscopy and has received an unspecified number of post-op PT sessions. The additional request of PT sessions will exceed the guideline recommended 12 visits. Moreover, it is not clear how significant was the patient's improvement as the reduction in pain scores and improvement in functional capability were not adequately described. There was no compelling rationale for going beyond the guideline recommendations. Furthermore, the above mentioned criteria for work conditioning program were not met. The medical necessity has not been established. Therefore, the request for Physical therapy 2 x 6 and work conditioning 2 x 6 on passive and active flexion exercises is not medically necessary.