

<b>Case Number:</b>	CM14-0133820		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	04/29/2012
<b>Decision Date:</b>	12/31/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 47 year old male employee with date of injury of 4/29/2012. A review of the medical records indicates that the patient is undergoing treatment for chondromalacia of the patella and a tear in the meniscus of the left knee. Subjective complaints include left knee pain, but the pain improves with physical therapy. Objective findings include a physical exam of left knee revealing full range of motion; strength 4+/5 with flexion, 4-/5 with knee extension; positive McMurray's sign; medial joint line tenderness to the posterior medial compartment. Treatment has included an unspecified number of physical therapy sessions, icing, anti-inflammatories, and self-directed stretching and strengthening exercises. The utilization review dated 7/16/2014 non-certified the recommendation for work conditioning x12 to the left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning x12 to the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning/Work Hardening Page(s): 125-126. Decision based on Non-MTUS Citation

Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Work Conditioning/Work Hardening.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines state: (1) Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA).(2) After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy, or general conditioning.(3) Not a candidate where surgery or other treatments would clearly be warranted to improve function.(4) Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week.(5) A defined return to work goal agreed to by the employer & employee:(a) A documented specific job to return to with job demands that exceed abilities, OR(b) Documented on-the-job training(6) The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program.(7) The worker must be no more than 2 years past date of injury. Workers that have not returned to work by two years post injury may not benefit.(8) Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less.(9) Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities.(10) Upon completion of a rehabilitation program (e.g. work hardening, work conditioning, outpatient medical rehabilitation) neither re-enrollment in nor repetition of the same or similar rehabilitation program is medically warranted for the same condition or injury.The medical documentation provided did not adequately address the Chronic Pain Medical Treatment Guidelines for work conditioning programs. Mainly "defined return to work goal agreed to by the employer & employee", "Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities". ODG further state work conditioning programs should be "10 visits over 8 weeks". Additionally, the total numbers of physical therapy sessions were not indicated and the patient is beyond the two-year window in which treatment is deemed to be most effective. As such, the request for Work conditioning x12 to the left knee is not medically necessary.