

<b>Case Number:</b>	CM14-0157702		
<b>Date Assigned:</b>	09/30/2014	<b>Date of Injury:</b>	12/14/2005
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61-year old with a work injury dated 12/14/05. The diagnoses include unilateral inguinal hernia, pain in the shoulder joint, anoxic brain damage, depressive disorder and joint pain in the left leg. The patient underwent right knee arthroscopic partial medial meniscectomy and medial plica resection on 11/9/07 with moderate improvement, a right shoulder rotator cuff repair on 3/1/11. He had a 4/5/12, right knee arthroscopy with open iliotibial band bursectomy. Under consideration are requests for 6 sessions of work hardening. There is a 9/3/14 Physical Function Consultation which states that the patient electrician who sustained multiple injuries as a result of an explosion at work on 12/14/05. The patient complains of resting right knee pain which increases with weight bearing. He has right shoulder pain which increases with reaching over his head or across his body. The patient was informed that the only option for his knee pain was a total knee replacement, which he would like to avoid as much as possible. Overall, the patient reported that his shoulder pain and right knee pain was increasing, while the left knee pain remained the same. The patient was able to help with household chores, walk 4 small dogs, and perform almost all activities of daily living independently. He had limited in activities requiring reaching overhead and weight bearing. There was moderate level of concentration and trouble keeping his balance. He had difficulty sleeping and was using a CPAP machine. He was assisting friends with "small jobs", or kept himself busy around the house. He would like to return to some kind of work, but was limited until his orthopedic issues resolves and his ability to concentrate improves. With regards to dressing, he had minimal difficulty and mild discomfort reaching up with the right arm and difficulty bending his knees. With regards to homemaking, he had minimal difficulty with all activities and had difficulty standing, bending, and twisting. With regards to bathing/toileting, he required increased time to perform activities. With regards to

meal preparation, he had minimal difficulty standing statically and uses his right arm. With regards to recreational activities, hiking and walking was currently limited to 1 mile, limited by decrease in balance, bilateral knee pain, and decreased endurance. With regards to sitting, he had slight increase bilateral knee pain upon sitting to standing. With regards to standing, he could stand for 30 minutes and have bilateral knee pain with regards to walking; he could walk for 1 mile with bilateral knee pain following a walk and required several hours of rest. With regards to driving, he had mild increased low back pain. The physician providing his care states that the patient has undergone extensive physical therapy, psychological evaluation, and treatment. He is status post two knee surgeries and right shoulder surgery. He was able to function moderately well at home and displayed high level of motivation to improve his overall functional capacity. Currently, he has decreased core strength, decreased aerobic capacity, limited to walking one mile, and has trouble with activities requiring weight bearing or reaching with his right arm. He was also suffering from sleep apnea with trouble with short/long term memory and concentrating for a short period of time. He responded very well to pool therapy. His Oswestry Index Questionnaire placed him in mid-range of "moderate disability" category, suggesting that the "patient can usually be managed by conservative means". His physician stated that the patient could significantly improve his functional status by attending a modified 2-week work hardening program.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**6 sessions of work hardening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work Conditioning, Work Hardening.

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

**Decision rationale:** 6 sessions of work hardening are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the worker must be no more than 2 years past date of injury. The guidelines also state that the patient should not be a candidate where surgery or other treatments would clearly be warranted to improve function. The patient may be a candidate for a knee replacement and also has his work injury is over 2 years past date of injury. The request for 6 sessions of work hardening is not medically necessary.