

<b>Case Number:</b>	CM14-0026922		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/21/2012
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Illinois. 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 30-year-old female with a reported date of injury on 06/21/2012. The mechanism of injury was due to a slip and fall. Her diagnoses were noted to include, a meniscus tear in the left knee, anterior cruciate ligament tear, loose body in the knee, and a joint contracture. This report dated 02/18/2014, revealed the injured worker was there for a postoperative evaluation for her left knee. The physical examination of the left knee revealed mild tenderness and swelling over the medial and lateral joint lines and patella. The McMurray test and Apley test was positive. The muscle strength measurement to the left flexors and extensors was noted to be 4 out of 5 and the range of motion to the left knee was noted to be 90 degrees of flexion. The Request For Authorization form was not submitted within the medical records. The request was for work conditioning of the low back, 3 times a week for 4 weeks, #12. The provider requested authorization to treat the low back secondary to pain and radiculopathy as soon as possible.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning of the low back 3 times a week for 4 weeks # 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Physical Medical Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Work Hardening, Work Conditioning.

**Decision rationale:** The injured worker has complained of left knee pain. The Official Disability Guidelines state work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy, primarily for exercise training/supervision. Work conditioning will typically be more intensive than regular physical therapy visits, lasting 2 or 3 times as long. And, as with all physical therapy programs, work conditioning participation does not preclude concurrently being at work. The guidelines recommend 10 visits over 4 weeks, equivalent to 30 hours. There was a lack of documentation regarding clinical findings to the low back as well as previous treatments attempted. The documentation provided indicates left knee pain and surgery, however, there is a lack of documentation regarding low back pathology to warrant the Work Conditioning program. Additionally, the request exceeds guideline recommendations. Therefore, the request for work conditioning of the low back 3 times a week for 4 weeks, #12 is not medically necessary and appropriate.