

<b>Case Number:</b>	CM14-0042964		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Occupational Medicine 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:

This is a 53-year-old male with a 7/26/12 date of injury. The patient's injury occurred when he was delivering a package and he was stepping out of his [REDACTED] delivery truck. While he was stepping out next to a high curb, his right foot went in between and was wedged partially between the truck and the curb. He fell to the ground and he described having sustained a twisting type injury to his right knee. According to a 2/28/14 progress note, the patient complained of weakness in his knee especially when moving larger packages. He also had increased pain with climbing activities. Objective findings included knee ROM intact, tenderness across the medial joint compartment, patellofemoral crepitation. Diagnostic impression is status post right knee arthroscopy and plica excision. Treatment to date includes medication management, activity modification, surgery, and physical therapy. A UR decision dated 3/18/14 denied the request for work conditioning treatments. The patient complained of weakness in the right knee and has attended 10 work conditioning visits to date. There is documentation noting the patient was at MMI on 11/19/13. Furthermore, there was no documentation of exceptional indications for therapy extension and reasons why a prescribed independent home exercise program would be insufficient to address any remaining functional deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight (8) work conditioning treatments (two times a week for four weeks) for the right knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

**Decision rationale:** California MTUS states that work conditioning is recommended as an option. In addition, Official Disability Guidelines states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of physical therapy. According to a 2/28/14 progress note, the physician stated that the patient needs to continue his work conditioning to build strength in his knee. Official Disability Guidelines support up to 10 visits over 4 weeks. However, it is not documented in the reports reviewed how many sessions he has already completed. According to the 3/18/14 UR decision, it is documented that the patient has already completed 10 work conditioning sessions. In addition, there is no documentation of functional improvement with the work condition sessions the patient has already completed. Furthermore, there is no rationale provided as to why the patient needs additional work conditioning sessions and why he has not already transitioned to an independent home exercise program at this time. Therefore, the request for eight (8) work conditioning treatments (two times a week for four weeks) for the right knee is not medically necessary.