

<b>Case Number:</b>	CM14-0048667		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/16/2013
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	03/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Interventional Spine 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 36-year-old female with date of injury of 07/16/2013. The listed diagnoses per [REDACTED] are: 1. Derangement of the medial meniscus. 2. Status post right knee partial medial meniscectomy dated 12/30/2013. According to the progress report dated 02/11/2014, the patient complains of anterior right knee pain. The physical examination of the knee shows range of motion of 0 to 120 degrees. There is pain along the anterior patellar tendon. No other findings were noted in this examination. The utilization review denied the request on 03/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten four hour work hardening sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Work conditioning, work hardening, page 125 and on Non-MTUS Official Disability Guidelines (ODG) Physical Medicine Guidelines, Work Conditioning.

**Decision rationale:** This patient presents with right knee pain. The patient is status post right knee meniscectomy from 12/30/2013. The treating physician is requesting 10 4-hour work hardening sessions. The MTUS Guidelines page 125 recommends work hardening programs as an option and requires specific criteria to be met for admission including work related musculoskeletal condition with functional limitations, trial of physical therapy with improved followed by plateau, non-surgical candidate, defined return to work goal agreed by employer & employee, etc. A defined return to work goal is described as; (a) A documented specific job to return to with job demands that exceed abilities, OR (b) Documented on-the-job training.

Furthermore, approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. In addition, ODG recommends 10 visits over 8 weeks. The progress report dated 02/11/2014 documents that the patient has undergone physical therapy including performing a regular home exercise but at this time, the patient's progress has reached a plateau. This patient is not a surgical candidate and injection therapy has been tried but failed to permanently improve the patient's function. This patient does not have any known medical behavioral or other comorbid conditions that would prohibit her active participation in a work hardening program. In addition, the patient's employer reports that the patient's full duty remains available upon the patient being sufficiently rehabilitated to resume her work activities. In this case, the treating physician has sufficiently documented the required criteria by the MTUS Guidelines to allow for participation in a work hardening program. Furthermore, the requested 10 visits are within the ODG Guidelines. The request is medically necessary.

**One baseline work capacity evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Independent Medical Examination and Consultation, Chapter 7, page 137-138.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Functional Capacity Evaluation and Non-MTUS ACOEM guidelines, functional capacity evaluations (page 137,139).

**Decision rationale:** This patient presents with right knee pain. The patient is status post right knee meniscectomy from 12/30/2013. The treating physician is requesting one baseline work capacity evaluation. The ACOEM Guidelines, page 137 to 139 on functional capacity evaluations, states that there is little scientific evidence confirming that FCE predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple non-medical factors other than physical impairments. For this reason, it is problematic to rely solely upon the FCE results for determination of current work capabilities and restrictions. However, in this case, the patient is recommended for work hardening program for which a functional capacity evaluation is required. Therefore, the request is medically necessary.



