

<b>Case Number:</b>	CM14-0063654		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/14/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2014

### 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 48-year-old male who reported an injury on 08/14/2013 reportedly while opening a door from a garbage truck when 2 boxes of compressed paper that weighed 1,300 pounds fell on him and knocked him down. He felt severe pain on the right knee and lumbar spine. The injured worker's treatment history included medications, physical therapy, MRI, and surgery. Within the documentation it was noted that the injured worker had undergone a right a right knee medial meniscal tear and chondromalacia on 10/26/2013. On 03/26/2014, the injured worker complained of right knee, lumbar spine, and left knee pain. The physical examination of the lumbar spine revealed +3 spasm, and tenderness to the bilateral lumbar paraspinal muscle from L2 to S1 and multifidus. Range of motion of the lumbar spine right bending, left/right rotation was 20 degrees, flexion was 60, extension and left bending was 15 degrees all painful. Kemp's test was positive bilaterally, the straight leg raise test was positive on the left. Yeoman's was positive bilaterally. Lumbar dermatomes were equal bilaterally light touch. Lumbar myotomes were within normal limits bilaterally. Physical examination of the right knee had mild crepitus +3 spasm and tenderness to the bilateral anterior joint lines, vastus medial is and popliteal fossas. Range of motion flexion was 100 degrees, external rotation was 16 degrees, and internal rotation was 15 degrees. The) P-A drawer test and McMurray's test was positive on the left. Medications included naproxen sodium 550 mg. Diagnoses included aftercare for surgery of the musculoskeletal system, right knee, tear of the medial meniscus of the left knee, bursitis of the right knee, lumbar sprain/strain, and R/O lumbar disc displacement without myelopathy. Request for Authorization was dated for 03/26/2014) for a work hardening conditioning program. Rationale was to restore strength, endurance, work capacity, and activities of daily living for the injured worker.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening Screening:** Upheld

**Claims Administrator 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, Physical Medicine Guidelines- Work Conditioning.

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

**Decision rationale:** The California MTUS Guidelines state that work hardening is recommended as an option depending on the availability of quality programs. The criteria for admission to the work hardening program include the following: (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; and (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 documents submitted indicated the injured worker had undergone surgery on 10/25/2013; however, the long-term functional improvement goals were not submitted for this review. In addition, it was documented the injured worker had prior sessions of physical therapy; however, the outcome measurements were not provided. Given the above, the request for a work hardening screening is not medically necessary.