

<b>Case Number:</b>	CM14-0078191		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	06/07/2012
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2014

### 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 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 54-year-old male who reported an injury on 06/07/2012. The mechanism of injury was not provided within the documentation. The injured worker's prior treatments were noted to be physical therapy and medications. The injured worker's diagnosis was noted to be chondromalacia of patella, sprain and strain of MCL, and left knee ACL reconstruction. The injured worker had an orthopedic re-evaluation of the left knee on 04/24/2014. The injured worker was status post left knee diagnostic and operative arthroscopy with ACL reconstruction, with Achilles tendon allograft on 06/28/2013. He continued to make slow and steady progress. The injured worker had been recommended additional physical therapy. The physical exam findings included the left knee with well-healed arthroscopic portals, stable Lachman and anterior drawer testing, and range of motion is 0 to 130 degrees. The treatment plan is for another 6 sessions of work conditioning. The provider's rationale for the request was provided within the documentation dated 04/24/2014. A Request for Authorization for medical treatment was not provided within the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning 2 x 3 weeks for the Left Knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg.

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

**Decision rationale:** The request for work conditioning 2x3 weeks for the left knee is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend work conditioning/work hardening as an option depending on the availability of quality programs. Work injuries with conditions of musculoskeletal functional limitations that hinder the injured worker's ability to safely do the demands of their current job can be considered for a work hardening program. The guidelines provide program timelines: work hardening programs should be completed in 4 weeks consecutively or less. Treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities. The injured worker has been participating in a work hardening program. According to the guidelines, subjective and objective improvement must be documented. The most recent clinical evaluation provided with this review does not indicate a significant improvement either subjectively or objectively. In addition, the guidelines provide work hardening opportunity up to 2 years past the date of injury. The date of injury for the injured worker was noted to be 06/07/2012. Therefore, the timeline exceeds the range approved by the guidelines. As such, the request for work conditioning 2x3 weeks for the left knee is not medically necessary.