

<b>Case Number:</b>	CM14-0083370		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	10/31/2013
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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 injured worker is a 50 year old male who reported an injury on 10/31/2013. The injury reportedly occurred when he was working on foot patrol and felt a sharp pain in his right knee. Diagnoses were listed as right and left knee tenosynovitis, lumbar facet syndrome, and sacroiliac joint inflammation. Past treatments included physical therapy, cryotherapy, and medication. Diagnostic studies included MRI of the right knee performed on 09/18/2013 and 05/22/2014. Surgical history included a right knee arthroscopic partial medial and lateral meniscectomy on 12/30/2013. On 05/08/2014, the injured worker reported right and left knee pain especially with weight-bearing activities. He rated the pain as a 7/10 on a pain scale, and he reported that the pain is reduced by medication and rest. He also complained of low back pain and rated it as a 6/10 on a pain scale. He stated that when performing his activities of daily living it is slow and painful. He was unable to lift heavy objects, unable to stand for more than 30 minutes, and failed to accomplish more than two hours of sleep due to pain. He complained that pain medication only provided very little relief from pain and that he was in constant pain between 75-100% of the time while he was awake. Upon physical examination, there was decreased range of motion to the right knee with 120 degrees with flexion and 130 degrees of flexion to the left knee. There was moderate pain noted with the range of motion exercises. Quadriceps and hamstrings were noted to have weakness of 4/5 bilaterally. Relevant medications included Naproxen 550 mg. The treatment plan was to pursue work conditioning, a knee brace, a tens unit, for knee treatment. The rationale for the request was not clearly provided. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning x10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning Physical medicine Page(s): 125, 98.

**Decision rationale:** The request for Work Conditioning x10 is not medically necessary. The California MTUS Guidelines may recommend work conditioning 10 visits over 8 weeks. It is recommended for those patients that require an additional series of intensive physical therapy visits required beyond a normal course of physical therapy. Work conditioning visits will typically be more intensive than regular physical therapy visits, lasting 2 or 3 times as long. Additionally work conditioning participation does not preclude concurrently being at work. The injured worker did report accomplishing his activities in a slow and painful manner and was noted to have had physical therapy. However, there was no clear indication of the number of physical therapy visits he completed, functional improvements with the therapy, and a clear rationale to support the necessity of an intensive work conditioning program over additional physical therapy or a home exercise program to address his remaining functional deficits. In the absence of this documentation, the request is not supported. Therefore, the request is not medically necessary.