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| <b>Case Number:</b>   | CM14-0088676 |                              |            |
| <b>Date Assigned:</b> | 07/25/2014   | <b>Date of Injury:</b>       | 02/26/2013 |
| <b>Decision Date:</b> | 09/29/2014   | <b>UR Denial Date:</b>       | 05/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2014 |

### 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 Nevada. 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 records presented for review indicate that this 42-year-old man was reportedly injured on February 26, 2013. The mechanism of injury is noted as pushing a carry aid. The most recent progress note, dated February 25, 2014, indicates that there are ongoing complaints of right knee pain. The injured employee stated he is doing better but still has some right lower extremity weakness. The physical examination demonstrated range of motion from 0 degrees to 140 degrees. No effusion was present and there was a mildly positive patella femoral compression test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a right knee diagnostic arthroscopy and Synovectomy along with a patellofemoral joint chondroplasty. There has been subsequent physical therapy and home exercise program. A request had been made for work hardening and was not certified in the pre-authorization process on May 15th 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Hardening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Work Hardening Programs.

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

**Decision rationale:** A review of the attached medical records indicates that the injured employee has previously participated in work hardening in conjunction with previous physical therapy. There is no stated functional improvement from these sessions. Considering this, the current request for work hardening is not medically necessary.