

<b>Case Number:</b>	CM14-0201358		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/10/2009
<b>Decision Date:</b>	01/29/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Rehab, 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:

This is a 40-year old male with a work related injury dated March 10, 2009. The injury occurred when he was lifting a 500-pound chandelier, felt a pop in his back and fell to his knees. A physician's visit dated August 25, 2014 reflected the worker was complaining of pain in the lumbar spine and both knees rated ten on a scale of ten, which was worse than on a previous visit. The pain was characterized as sharp and stabbing and radiated into the left leg. The worker reported difficulty with gait and ambulated with a single-point cane. The worker reported a clicking and locking of the knees and a feeling of instability. Physical exam was minimal due to the pain interfering with the exam. Diagnoses at this visit included depression, insomnia, failed low back surgery, internal derangement bilateral knees, bilateral anterior/posterior cruciate tear, bilateral tear of medical cartilage of both knees and chondromalacia patella. Treatment plan at this visit included a neurology consultation, continued physical therapy, urinary drug screening and continued medication regime. Treatment to date: bilateral knee steroid injections, which was reported to not improve symptoms, pain medications, physical therapy, and a home exercise program. The utilization review decision dated November 4, 2014 non-certified the request for a work-conditioning program three times per week for six weeks. The rationale stated that a work conditioning in the context of a specific proposed job of medium or higher physical demand and these guidelines recommend work conditioning after completion of a functional capacity evaluation demonstrating specific functional deficits. The medical records at this time did not contain such detail regarding a specific job description proposed for the worker and the records did not include a functional capacity evaluation. Further the physical therapy records did indicate that neither improvement nor plateau had been accomplished, the request was therefore determined to be not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning Program, 3 times a week for 6 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 125.

**Decision rationale:** CA MTUS states that work conditioning is recommended as an option. In addition, ODG states that work conditioning amounts to an additional series of intensive physical therapy visits required beyond a normal course of PT. However, in the present case, it is unclear if the patient is currently working. There is no documentation of the patient's job description or what physical activities are required for his work. There is no documentation provided regarding functional improvement from previous physical therapy. In addition, there is no evidence of functional limitations or a functional capacity evaluation being performed to warrant work conditioning. Therefore, the request for Work Conditioning Program, 3 times a week for 6 weeks was not medically necessary.