

<b>Case Number:</b>	CM15-0030072		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	11/26/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old male injured worker suffered an industrial injury on 8/21/2013. The diagnoses were complete left knee ACL tear on MRI study. The treatments were ACL reconstruction on 7/11/14, physical therapy. The treating provider reported there was residual weakness and easy fatigability on 1/12/15 and physical examination revealed well healed incision and quad atrophy and stable anterior drawer and Lachman test. Any evidence of instability or deficits in ROM and motor strength was not specified in the records provided. Patient has received 36 post op PT visits for this injury. The current medication list was not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning physical therapy 2x6 for the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines- Work Conditioning.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page 125-126. Work conditioning, work hardening.

**Decision rationale:** Work conditioning physical therapy 2x6 for the left knee. Per the CA MTUS guidelines cited below, criteria for work conditioning/ work hardening include: (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. (5) A defined return to work goal agreed to by the employer & employee: (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. A work-related musculoskeletal deficit with the addition of evidence of physical, behavioral, and/or vocational deficits that preclude ability to safely achieve current job demands was not specified in the records provided. On 1/12/15 physical examination revealed well healed incision stable anterior drawer and Lachman test. Any evidence of instability or deficits in ROM and motor strength was not specified in the records provided. Any significant functional deficits of the left knee that would require Work conditioning physical therapy 2x6 for the left knee was not specified in the records provided. The medical records submitted did not provide documentation regarding a specific defined return-to-work goal or job plan that has been established, communicated and documented. There was no documentation provided for review that the patient failed a return to work program with modification. A recent FCE documenting physical demands level was not specified in the records provided. Patient has received 36 post op PT visits for this injury. There are no complete therapy progress reports that objectively document the clinical and functional response of the patient from the previously rendered sessions. As cited below, there should be an evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment. Any such type of evidence is not specified in the records provided. Previous PT visit notes are not specified in the records provided. The records submitted contain no accompanying current PT evaluation for this patient. Furthermore, documentation of response to other conservative measures such as oral pharmacotherapy in conjunction with rehabilitation efforts was not provided in the medical records submitted. The medical necessity of the request for Work conditioning physical therapy 2x6 for the left knee is not fully established in this patient.