

<b>Case Number:</b>	CM14-0147019		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 patient with a date of injury of May 14, 2012. A utilization review determination dated September 5, 2014 recommends denial of work hardening. A denial was recommended since it is not clear that the patient is able to return to work and recommended a functional capacity evaluation. A utilization review determination dated September 4, 2014 recommends certification for a functional capacity evaluation, certification for Visco supplementation to the left knee, and denial for a work hardening program. A progress report dated January 16, 2014 indicates that the patient has undergone a full course of therapy and is now working with a therapist for a work hardening program. Physical examination indicates that quadriceps definition is improving with full range of motion. The treatment plan states that the patient continues to make slow progress with strengthening. The note goes on to state that the patient would like to return to work at his previous job as a ████ driver but that he may not have enough strength to lift heavy boxes. Functional capacity paperwork was filled out. The patient is cleared to return to work with no restrictions at the beginning of February. The progress report dated January 29, 2014 recommends a work capacity evaluation. A progress report dated April 11, 2014 states that the physician is doubtful that the patient will be successful in return to work without work hardening. Physical examination is not included at that visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 request for 10 work hardening program to the bilateral knee 2 times a week for 5 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web), 2014 Fitness for Duty-Functional Capacity Evaluation (FCE)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125-126.

**Decision rationale:** Regarding the request for Work conditioning, Chronic Pain Medical Treatment Guidelines state that work conditioning may be an option when functional limitations preclude the ability to safely achieve current job demands which are in the medium or higher demand level (not sedentary work). A functional capacity evaluation may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis after treatment with an adequate trial of physical therapy or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. Additionally, the patient must have achieved sufficient recovery to allow for a minimum of 4 hours a day 3 to 5 days per week as well as having a defined return to work goal agreed to by the employer and employee. Guidelines support up to 10 work conditioning sessions. Within the documentation available for review, there is no indication that the patient has reached maximum improvement with physical therapy and plateaued despite ongoing home exercise. Additionally, it is unclear if the patient is using resistance-based exercise at home to maximize strengthening. Furthermore, it appears the patient may have received some work hardening previously, and there is no indication as to how he responded to those treatments. Finally, a functional capacity evaluation and Visco supplementation were recently authorized, and it seems reasonable to await the outcome of those things prior to proceeding with a work hardening program. In the absence of clarity regarding those issues, the currently requested work conditioning is not medically necessary.