

<b>Case Number:</b>	CM14-0056712		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	11/26/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Orthopedic Surgery, has a subspecialty in Sports Medicine, and is licensed to practice in Texas and Virginia. 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 56-year-old male who reported an injury on 11/26/2012. The mechanism of injury was indicated as the injured worker stepping into a hole. His diagnoses include unspecified derangement of the medial meniscus. Diagnostic studies included an MRI of the left knee performed on 01/15/2013 which revealed proximal medial collateral ligament scarring and degeneration, slight erosion of the weight bearing medial femoral cartilage, and no change in degeneration, fraying, and slight truncation of the medial meniscus body and posterior horn. The injured worker's past surgeries included a left knee medial meniscectomy and synovectomy, medial and patellofemoral compartment chondroplasty, medial femoral condyle performed on 11/15/2013. His complaints on 11/19/2013 were persistent pain with mechanical symptoms the knee postoperative scope (status post left knee medial meniscectomy with possible chondroplasty). Upon physical examination, his range of motion to the left knee was 0-135. He had medial joint line tenderness and a positive McMurray's. His medications as of 11/19/2013 included aspirin, Flexeril, gabapentin, Norco 10/325, and Prilosec. The Request for Authorization From was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten (10) four hour work hardening sessions for the Left Knee per report dated 4/1/14:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg: Work conditioning, work hardening

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

**Decision rationale:** The request for ten (10) four hour work hardening sessions for the left knee per report dated 4/1/14 is not medically necessary. The California MTUS Guidelines recommend work hardening as an option depending on the availability of quality programs; there should be a return to work plan or goal for a job that has been established, communicated, and documented. A multidisciplinary examination should include a history, including demographic information, date, and description of the injury, history of previous injuries, diagnoses, a work status before the injury and postinjury, history of treatment before the injury, including medications and correct employability and future employability and time off. There was no indication of the patient having received any other physical therapy treatments in the documentation submitted. Additionally, the last documentation submitted for review was dated 11/19/2013. As there is no current documentation of the injured worker's objective functional deficits, or indications of prior physical therapy and outcome of such therapy with range of motion values. As such, the request for ten (10) four hour work hardening sessions for the left knee per report dated 4/1/14 is not medically necessary.

**Baseline Work Capacity Evaluation for the Left Knee per report dated 4/1/14:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations, Pages 132-139

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty(Knee), Functional capacity evaluation (FCE).

**Decision rationale:** The request for baseline work capacity evaluation for the left knee per report dated 4/1/14 is not medically necessary. The American College of Occupational and Environmental Medicine indicate that a functional recovery and return to work program is used in order for an injured worker to stay at or return successfully to work, they must be able to perform some necessary job duties, and sufficient capacity to safely perform some job duties. The Official Disability Guidelines also recommend a Functional Capacity Evaluation prior to a work hardening program, with the evaluation being tailored to a specific task or job. The criteria must be met to have prior unsuccessful return to work attempts or conflicting medical reporting on precautions and/or fitness for the modified job, and injuries that require detailed exploration of the worker's ability. There is no indication of a physical therapy program having been attempted or completed with documentation indicating functional deficits. As such, the request for the baseline work capacity evaluation for the left knee per report dated 4/1/14 is not medically necessary.

