

<b>Case Number:</b>	CM15-0100029		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	03/07/2014
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 34 year old female, who sustained an industrial injury on 3/07/2014. She reported injury to her right knee. The injured worker was diagnosed as having right knee pain and tendinitis versus soft tissue impingement and patellofemoral arthritis. Treatment to date has included medications, work restrictions, and work hardening sessions. Currently (4/27/2015), the injured worker was documented to have completed 8/10 approved work hardening visits, and was clinically improving. She was able to comfortably lift 35 pounds and was able to tolerate the elliptical, to improve muscle balance about her knee. Physical exam noted soft and non- tender calf muscles, full range of motion, and no evidence of instability. The treatment plan included 10 additional work conditioning sessions. It was documented that in order to return to full duty work, she needed to be able to lift 50 pounds. Her lifting restrictions remained unchanged since at least 12/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning times 10 sessions:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening, p125 Page(s): 125.

**Decision rationale:** The claimant sustained a work injury in March 2014. She sustained an injury to her right knee. She has a job requirement of lifting up to 50 pounds. Treatments have included completion of a work hardening treatment sessions with reported improvement. She had been able to lift up to 35 pounds and was tolerating exercising on an elliptical machine. Authorization for an additional 10 treatments sessions was requested. The purpose of work conditioning is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, the claimant has improved with the work conditioning already provided and still has not reached the capacity needed to return to work. Continued work conditioning was medical necessity and appropriate.