

<b>Case Number:</b>	CM15-0019549		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	01/31/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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 32 year old female, who sustained an industrial injury on 01/31/2014. The initial complaints or symptoms included right knee pain/injury during combat training. The initial diagnoses were not mentioned in the clinical notes. Treatment to date has included conservative care, medications, MRI of the right knee, right knee surgery (06/20/2014), and physical therapy. Currently, the injured worker complains of difficulty getting full flexion (full extension reported) and continued weakness of the right knee. The injured worker also reported that she did not feel that she was ready to return to work at this point. The diagnoses include right knee anterior cruciate ligament (ACL) sprain - status post ACL repair (06/20/2014). The treatment plan consisted of participation in a work-conditioning program 2 times per week for 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work Conditioning 2 Times A Week for 6 Weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The claimant is more than one-year status post work-related injury and continues to be treated for right knee weakness with decreased range of motion after undergoing an ACL repair in June 2014. The claimant indicates that she does not feel ready to return to work. Prior treatments have included physical therapy. Being requested is work conditioning two times per week for six weeks. The purpose of work conditioning / hardening 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, although work conditioning would be appropriate for this claimant, is being requested two times per week for six weeks. This would not be an effective means of preparing the claimant to return to work and therefore, it cannot be considered as medically necessary.