

<b>Case Number:</b>	CM15-0099317		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49 year old male, who sustained an industrial injury on 11/01/2013. He has reported subsequent left knee pain and was diagnosed with left knee sprain/strain, left knee meniscus tear and status post left knee scope. Treatment to date has included oral pain medication, application of heat and cold, elastic knee support and surgery. In a progress note dated 04/07/2015, the injured worker reported less pain. This treatment note and the majority of the most recent clinical notes submitted are illegible and/or the documented findings are sparse. A request for authorization of 12 sessions of work conditioning was submitted, however the reason for the treatment request is uncertain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning x 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning work hardening.

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

**Decision rationale:** The patient presents with bilateral knee pain. The request is for WORK CONDITIONING QTY: 12. Patient is status post left knee surgery, date unspecified. Physical examination to the left knee on 01/07/15 revealed a well healed scar. Examination to the right knee revealed tenderness to palpation along the medial joint. Patient's gait was antalgic to the right knee. Per 01/07/15 progress report, patient's diagnosis include chronic residuals, status post surgery for the left knee with mild compensatory right knee discomfort. Patient's work status is full duties. The MTUS Guidelines pages 125-126 recommends work hardening programs as an option and requires specific criteria to be met for admission, including work-related musculoskeletal condition with functional limitations, trial of PT with improvement followed by plateau, nonsurgical candidate, define return to work goal agreed by employer and employee, etc. A defined returned to work goal is described as; (a) A documented specific job to return to with job demands that exceeds abilities, or (b) Documented on the job training. Furthermore, "Approval of this program should require a screening process that includes file review, interview, and testing to determine likelihood of success in the program." Treater has not discussed this request. The progress reports provided were hand written and not legible. In this case, the treater has not discussed the results of the screening process that is required prior to consideration of work hardening or whether the patient has gone through the screening process or not. There is no documentation of a specific job to return to either, and whether or not the patient is able to tolerate the program as required by MTUS. The request does not meet the criteria for work conditioning and therefore, it IS NOT medically necessary.