

Case Number:	CM13-0047813		
Date Assigned:	12/27/2013	Date of Injury:	02/02/2012
Decision Date:	05/22/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/04/2013

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 and is licensed to practice in Pennsylvania. 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 claimant is a 44-year-old gentleman who sustained an injury to the left hip on February 2, 2012. The clinical records indicate that, on April 15, 2013, the claimant underwent arthroscopic osteoplasty for femoroacetabular impingement and labral debridement for femoroacetabular impingement. Postoperatively, the records document completion of 24 sessions of formal physical therapy and advancement of work status. A clinical assessment dated September 12, 2013, notes that the claimant demonstrated full range of motion with pain at the end points upon internal and external rotation to the hip. No current imaging studies are available for review. The patient has been able to return to work with a 50-pound lifting restriction and limited use of stairs. The claimant's work duties are not noted. This request is for 10 session of work hardening to be conducted over an unspecified period of time.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEN SESSIONS OF WORK HARDENING/CONDITIONING FOR THE LEFT HIP, DURATION OF TREATMENT UNSPECIFIED.: Upheld

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

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

Decision rationale: Based on California MTUS Chronic Pain Guidelines, the role of a work conditioning program in this case would not be indicated. Guideline criteria allow for use of a work conditioning program within two years from the date of injury. In this case, more than two years has elapsed since the claimant's February 2, 2012, arthroscopic surgery. Additionally, it is noted that the claimant had already returned to work under a 50-pound restriction. Because the records do not specify the claimant's current work duties, the need for advancement to more demanding activity is not clear. Given the claimant's clinical presentation, the physical findings upon examination and the time that has elapsed since surgery, 10 sessions of work hardening would not be medically necessary.