

<b>Case Number:</b>	CM14-0020132		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 62 year old male who reported an injury on 06/03/2013. The mechanism of injury was reported to be a slip and fall. Per the clinical note dated 12/06/2013 the injured worker reported completion of physical therapy and continuation of the home exercises. On physical exam the injured worker was noted to have tenderness over the quadriceps muscle, however, Thomas test is negative and range of motion is normal. Per the operative report dated 06/04/2013 the injured worker underwent an open reduction and internal fixation of the right hip. The request for authorization for medical treatment was not provided in the clinical documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **WORK HARDENING 2X6 FOR THE RIGHT LOWER EXTREMITY AND FEMUR:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK HARDENING Page(s): 125.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines WORK HARDENING Page(s): 125.

**Decision rationale:** Per the CA MTUS guidelines criteria for admission to a Work Hardening Program include a work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level, not likely to benefit from continued physical or occupational therapy, not a surgical candidate, physical and medical recovery to participate for a minimum of 4 hours a day for three to five days a week, a defined return to work goal, must be able to benefit from the program, no more than 2 years past date of injury, programs should be completed in 4 weeks consecutively or less, treatment is no longer than 1-2 weeks without evidence of patient compliance and significant measurable gains. Upon completion neither re-enrollment in nor repetition of the same or similar program is warranted for the same condition or injury. Per the documentation provided the injured worker attended 12 sessions of work hardening in October and November of 2013. The physician then ordered 12 more sessions in December of 2013. The guidelines state that re-enrollment or repetition of the same program is not warranted. In addition, the request for 12 additional sessions of work hardening would exceed guideline recommendations for up to 20 sessions. Therefore, the request for work hardening 2 times a week for 6 weeks for the right lower extremity and femur is not medically necessary and appropriate.