

Case Number:	CM14-0034650		
Date Assigned:	03/21/2014	Date of Injury:	06/03/2013
Decision Date:	06/30/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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 Family Medicine 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 patient is a 62 year-old male who was injured at work on 6/3/2013. The injury occurred when he slipped and fell and sustained a fracture to his right hip. This was treated surgically on 6/4/2013. He is requesting review of a denial for work hardening 2X week for 6 weeks for this right lower extremity injury. Medical records were reviewed and were notable for corroboration of the right intertrochanteric hip fracture that was treated surgically on 6/4/2013. He had a follow-up visit with his orthopedic surgeon on 10/3/2013. The patient stated he had "gotten better but still has significant pain in the thigh area." He can only walk and stand without pain for approximately ten minutes. An examination of the leg was remarkable for well-healed surgical scars. There was tenderness to palpation of the quadriceps muscle with weakness with resisting muscle strength testing. X-rays demonstrated that the fracture had healed. The assessment was resolved hip fracture with quadriceps weakness. Requests were sent for physical therapy and a work hardening/strengthening program.

IMR ISSUES, DECISIONS AND RATIONALES

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

WORK HARDENING 2 X WEEK FOR 6 WEEKS, RIGHT LOWER EXTREMITY:

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
CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 125-126.

Decision rationale: The California MTUS/Chronic Pain Medical Treatment Guidelines provide the criteria for a work conditioning/work hardening program (Pages 125-126). These criteria state the following: that work conditioning/work hardening is recommended as an option, depending on the availability of quality programs. The specific/relevant criteria for admission to a work hardening program are: "1. Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level. A FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis. 2. After treatment with an adequate trial of physical or occupational therapy with improvement followed by plateau, but not likely to benefit from continued physical or occupational therapy or general conditioning. 3. Physical and medical recovery sufficient to allow for progressive reactivation and participation for a minimum of 4 hours a day for three to five days a week. 4. A defined return to work goal agreed to by the employer & employee: a. A documented specific job to return to with job demands that exceed abilities, OR b. documented on-the-job training. 5. The worker must be able to benefit from the program (functional and psychological limitations that are likely to improve with the program). Approval of these programs should require a screening process that includes file review, interview and testing to determine likelihood of success in the program. 6. Program timelines: Work Hardening Programs should be completed in 4 weeks consecutively or less. 7. Treatment is not supported for longer than 1-2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities." Based on these criteria, the evidence from the medical records does not meet these criteria for a work hardening program. The work hardening program is not considered as medically necessary.