

Case Number:	CM14-0195058		
Date Assigned:	12/02/2014	Date of Injury:	06/20/2014
Decision Date:	02/25/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/21/2014

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. 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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 64-year-old man with a date of injury of June 20, 2014. He reports that he was walking at work, traveling on foot from one building to another, and as he was crossing over a wooden plank, which was wet, he slipped and fell onto his right hip. He had sudden severe pain, and could not stand. He was taken to the emergency room by ambulance where he was diagnosed with an intertrochanteric right hip fracture. He underwent right hip open reduction internal fixation with intramedullary nail on June 20, 2014 for the intertrochanteric fracture. Pursuant to the 6 week post-op follow-up note dated August 7, 2014, the IW is much improved overall. His comfort is improving. He is getting around with assistive devices. His pain is controlled. On examination, the IW looked well in no acute distress. His hip is supple and comfortable. His calf is soft. No motor or sensory deficits. Imaging reveals healing fracture in excellent alignment, intact implants. Range of motion flexion to 105 degrees, internal rotation to 10 degrees, and external rotation to 25 degrees in the right hip. There was tenderness to palpation over the lateral right hip and thigh. He has 4/5 weakness in the right hip flexor and hip abductor compared to 5/5 strength in his left side. The treating physician states that the IW can advance to weight bearing as tolerated without restrictions. He can return to work once his comfort allows. Pursuant to a progress noted dated October 7, 2014, the IW has minimal hip pain rated 2/10 and described as dull and tired. He has been attending physical therapy and has completed 24 sessions with significant improvement. Over the past 2 weeks, his improvement has slowed, and he has been unable to progress past the use of a cane. He takes Extra Strength Tylenol for pain.

The treating physician is requesting authorization for work conditioning program X 12 sessions, right hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work conditioning program times 12 sessions for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines work conditioning, work hardening Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical medicine

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work hardening Program Page(s): 125. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Work hardening Program.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, the work conditioning program times 12 sessions for the right hip is not medically necessary. The criteria for admission to or work hardening program are enumerated in the guidelines. They include, but not limited to, 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 clerical or sedentary work; undefined return to work goals agreed by the employer and employee; treatment is not supported for longer than 1 to 2 weeks without evidence of patient compliance and demonstrated significant gains as documented by subjective and objective gains and measurable improvement in functional abilities; there is evidence of treatment with an adequate trial of active physical rehabilitation with improvement followed by plateau, with evidence of no likely benefit from continuation of this previous treatment; and 10 physical therapy visits over eight weeks. In this case, the injured worker sustained a hip fracture with open reduction internal fixation. The guidelines recommend 24 physical therapy visits over 10 weeks. The injured worker received 30 visits. The injured worker ambulates with a cane with no-hip pain while ambulating. The available physical therapy reports indicates slow progress in strengthening but does not comment on the home exercise program. A physical therapy note dated October 7, 2014 states the injured worker appears to have reached a plateau. It is unclear whether he benefits from continued physical or occupational therapy. The documentation does not appear to show significant functional limitations precluding his ability to safely achieve current job demands. As noted above, he ambulates with a cane with no-hip pain while ambulating. He is presently engaged in a home exercise program which may result in continued strengthening of the effective. Consequently, a work hardening program is not medically necessary.