

<b>Case Number:</b>	CM15-0102665		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	08/11/2011
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 39 year old female, who sustained an industrial injury on 08/11/2011. She reported injury to her left hip. Treatment to date has included physical therapy, acupuncture, MRI, electromyography, and surgery. According to a progress report dated 04/27/2015, the injured worker was status post left hip ligament teres resection and osteochondroplasty on 09/17/2012 and a left hip labral resection and capsular release on 12/17/2014. She currently complained of mild aching pain in the left hip that was worse with laying on her left side and repetitive activity. Diagnoses included enthesopathy of hip region and sprain of other specified site of hip and thigh. Since the second surgery, she had less tightness though she had some nerve symptoms. She finished chiropractic treatment for the sacroiliac joint. The treatment plan included 12 sessions of work conditioning for strength and endurance. She did well with work conditioning previously when she had a structural defect, which has been corrected now. Work status included modified duty. Currently under review is the request for work hardening for 12 sessions in treatment of the left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work hardening for 12 sessions, in treatment of the left hip: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), work conditioning, work hardening for low back pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** The claimant sustained a work-related injury in August 2011 and recently underwent a left hip labral resection and capsular release in December 2014. She had post-operative physical therapy and as of 04/08/15 had left hip weakness and pain with range of motion. When seen by the requesting provider, two additional therapy treatments were planned including instruction in a home exercise program. There was left greater trochanteric bursa and sacroiliac joint tenderness. Active hip range of motion was normal without pain. The claimant's BMI is over 32. She has a heavy PDL requirement in her job as a firefighter. The purpose of work conditioning / hardening is to prepare a worker who has functional limitations that preclude the ability to return to work at a medium or higher demand level. Participation is expected for a minimum of 4 hours a day for three to five days a week with treatment for longer than 1-2 weeks if there is evidence of patient compliance and demonstrated significant gains. In this case, the claimant appears to have done well after surgery but has not completed or plateaued with the physical therapy being provided. There are no identified functional limitations. A functional capacity evaluation might be considered to determine the claimant's current work capacity and whether work conditioning is needed. The requested work conditioning is not medically necessary at this point in her recovery.