

Case Number:	CM15-0149820		
Date Assigned:	08/13/2015	Date of Injury:	01/15/2015
Decision Date:	09/10/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/03/2015

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 47 year old male who sustained an industrial injury to his pelvis, hip and ribs on 01/15/2015. The injured worker was holding onto a suspect outside the car while the vehicle was in motion, crashed with resultant loss of consciousness and hip fracture. The injured worker is status post left pelvic and hip fusion. The injured worker was diagnosed with enthesopathy of the hip, sacroiliitis and multiple closed pelvic fractures with disruption of the pelvic circle. Treatment to date has included diagnostic testing, surgery, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on July 14, 2015, the injured worker continues to experience pelvic, hip and knee pain with noted improvement. The injured worker reported some radiation of low back pain down to the posterior hamstring region. The injured worker would like to continue to taper medications and needs management for the flu like withdrawal symptoms. Examination demonstrated left posterior hip tenderness to palpation with normal strength and tone. Mild hip flexion weakness was noted and the injured worker ambulated with an antalgic gait. Current medications were listed as OxyContin, Percocet, Soma, and Gabapentin. Treatment plan consists of tapering OxyContin and Soma, start Clonidine, Tizanidine and Neurontin lumbosacral orthosis and the current request for 12 physical therapy sessions to the hip/pelvis for work hardening.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 physical therapy sessions to the hip/pelvis for work hardening: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work Hardening Program, Physical Medicine Guidelines.

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

Decision rationale: The claimant sustained a work injury in January 2015 when, while working as a police officer, he was carried by and then thrown from a vehicle sustaining a left frontal neck fracture, pelvic fractures, a left sacral fracture, multiple lumbar transverse process fractures and a bladder laceration. He underwent ORIF of the hip, sacrum, and pelvic fractures. He also sustained a bladder laceration when seen he was not having significant pain and was able to ambulate without a cane. There was a barely perceptible limp. X-rays showed healing of his hip fracture. His pain management provider is tapering medications including opioids and treating the claimant for withdrawal symptoms. Being requested is authorization for work hardening two times per week for six weeks. 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 would not likely be allowed to return to work until able to successfully complete a fitness for duty evaluation. He has a limp as the result of his multiple orthopedic injuries. 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 would not likely be allowed to return to work until able to successfully complete a fitness for duty evaluation. He has a limp as the result of his multiple orthopedic injuries. Twelve sessions are being requested consistent with that recommended as initial treatment. The request is considered medically necessary.