

Case Number:	CM14-0145415		
Date Assigned:	09/12/2014	Date of Injury:	01/16/2014
Decision Date:	11/12/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/08/2014

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, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 55-year-old male with a work injury dated 1/16/14. The diagnoses include right femur fracture status post open reduction internal fixation (ORIF) of the femur on 1/17/14. Per documentation the patient completed a full course of physical therapy (PT) following surgery, followed by 12 work conditioning sessions. He is able to walk unassisted 2.5 hours at a time. He cannot do a full squat and it hurts to go downstairs. He feels he needs more rehab in order to drive, do heavy work, and climb on/off trucks. On exam his coordination is grossly intact. His gait is mildly antalgic. There is no tenderness to touch in the right thigh or leg. He is able to actively extend and flex his hip and right knee. He can squat and rise with right leg pain and feels weaker. He has mildly antalgic gait. He is able to do one leg squat on the left x 3 but on the right has mini squat motion only 1.5 with feeling sore, discomfort, and weak. The treatment plan includes modified duty. He is allowed stand/walk 90 minutes at a time for a total of 4 hours max per day; rest of the shift seated work; if no modified duty available, the patient is sent home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Work Hardening: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening and Physical medicine Page(s): 125 and 98-99.

Decision rationale: Work hardening is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend 10 visits over 8 weeks of work hardening. The documentation indicates that the patient has already completed 12 visits of work hardening. There are no extenuating factors in the documentation submitted that require additional work hardening. Furthermore, the request as written does not indicate a quantity. The request for work hardening is not medically necessary.