

<b>Case Number:</b>	CM15-0127308		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	12/01/2014
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	06/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/01/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 54 year old female who sustained an industrial injury on 12/1/14. The injured worker was diagnosed as having left hip fracture status post-surgical fixation, left hip iliotibial band syndrome, and left knee strain/bursitis and gait disorder. Currently, the injured worker was with complaints of left hip pain. Previous treatments included status-post left hip surgery, physical therapy, home exercise program and oral pain medication. Previous diagnostic studies included a magnetic resonance imaging. The injured work status was noted as modified work with restrictions. The injured workers pain level was noted as 1/10. Physical examination was notable for stiffness, muscle weakness. Provider documentation dated 5/14/15 notes the injured worker has "...walking better...Started biking for the first time." The plan of care was for work conditioning 2x3 left hip.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Work conditioning 2x3 left hip:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter regarding Work Hardening, Work conditioning, work hardening.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 125 of 127.

**Decision rationale:** This claimant was injured in 2014. There was a left hip fracture status post surgical fixation, left hip iliotibial band syndrome, and left knee strain/bursitis and gait disorder. The patient is post left hip surgery. There is still stiffness and weakness. The injured worker is walking better. The MTUS notes regarding Work conditioning, work hardening in the Chronic guideline that it is recommended as an option, depending on the availability of quality programs. There must be a Work related musculoskeletal condition with functional limitations precluding ability to safely achieve current job demands, which are in the medium or higher demand level (i.e., not clerical/sedentary work). An FCE may be required showing consistent results with maximal effort, demonstrating capacities below an employer verified physical demands analysis (PDA). There must be 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. In this case, an exhaustion of PT and establishment of a plateau was not clear from the notes; no FCE is noted. The request was not medically necessary and appropriately non certified.