

Independent Medical Review Final Determination Letter

3436

Dated: 12/30/2013

IMR Case Number:	CM13-0029508	Date of Injury:	10/17/2011
Claims Number:	[REDACTED]	UR Denial Date:	07/01/2013
Priority:	STANDARD	Application Received:	09/26/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
MRI BILAT HIPS/ NOT MEDICALLY CERTIFIED BY PA PT 2 X 6/ NOT MEDICALLY CERTIFIED BY PA			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: PARTIAL OVERTURN. This means we decided that some (but not all) of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented former [REDACTED] who has filed a claim for chronic neck, left shoulder, mid back, low back, and hip pain with derivative anxiety and depression reportedly associated with an industrial injury of October 17, 2011.

Thus far, the applicant has been treated with the following: Analgesic medications; two to three prior cervical epidural steroid injections; transfer of care to and from various providers in various specialties; at least 36 sessions of physical therapy over the life of the claim, per a utilization review report of July 1, 2013; MRI imaging of the pelvis with attention to bilateral hips on July 8, 2013, notable for bilateral acetabular fluid greater on the right than the left; and extensive periods of time off of work, on total temporary disability.

In a utilization review report of July 1, 2013, the claims administrator denied a request for physical therapy, citing the fact that the applicant had 36 sessions of treatment to date. MRI imaging was also denied on the grounds that first-line plain films have not been obtained.

The applicant's attorney later appealed.

An earlier July 10, 2013 progress note is notable for ongoing complaints of neck pain, headaches, and bilateral hip pain. Tenderness is noted over the greater trochanter, suggesting bursitis. The applicant is asked to pursue cervical epidural steroid injection therapy, obtain further physical therapy, obtain MRI of the hips, and remains off of work, on total temporary disability.

IMR DECISION(S) AND RATIONALE(S)

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

1. MRIs of the bilateral hips is medically necessary and appropriate.

The Claims Administrator based its decision on the Official Disability Guidelines, Hip and Pelvis section, regarding MRI, which is not part of the MTUS.

The Expert Reviewer found that no section of the MTUS was applicable. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), guidelines, Magnetic Resonance Imaging (MRI), 3rd Edition, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

The MTUS does not specifically address the topic of hip MRI imaging. As noted in the Third Edition ACOEM Guidelines, however, MRI imaging is recommended for those individuals with subacute or chronic hip pain in whom soft tissue pathology such as femoroacetabular impingement, gluteus medius tendinosis or tears, and/or trochanteric bursitis is suspected. In this case, the attending provider has stated that the applicant has tenderness over the greater trochanters of the hips, implying a bursitis of the same. The applicant is now several years removed from the date of injury. The pain is indeed chronic. Therefore, as suggested by ACOEM, MRI imaging to help establish the diagnosis of trochanteric bursitis was medically necessary and appropriate here. Therefore, the original utilization review decision is overturned. The request is retrospectively certified. It is further noted that the applicant did in fact undergo MRI imaging in question on July 8, 2013, which was notable for acetabular fluid, seemingly consistent with the suspected diagnosis of trochanteric bursitis. **The request for MRIs of the bilateral hips is medically necessary and appropriate.**

2. 12 sessions of physical therapy for the bilateral hips is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Physical medicine Guidelines, page 99, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The applicant has already had prior treatment (36 sessions) over the life of the claim, which was seemingly well in excess of the 9 to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. However, despite having completed such treatment so far in excess of the guideline, the applicant has failed to demonstrate any evidence of functional improvement following completion of the same. The applicant's failure to return to any form of work, heightened dependence on various medical treatments, multifocal pain complaints, reliance on epidural steroid injection therapy, etc. implies a lack of functional improvement as defined in MTUS 9792.20f. Continuing physical

therapy in this context is not indicated. **The request for 12 sessions of physical therapy for the bilateral hips is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0029508