

Case Number:	CM13-0013773		
Date Assigned:	03/21/2014	Date of Injury:	07/19/2010
Decision Date:	08/12/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/19/2013

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 and is licensed to practice in Illinois. 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 injured worker is a 32-year-old male who reported an injury on 07/19/2010 due to falling and striking his head. The injured worker had complaints of diffuse neck pain and low back pain. Physical examination on 09/11/2013 revealed the injured worker complaining of neck, back and leg pain on a scale of 7/10. The injured worker is status post cervical Botox injections with 50% few headaches and with less severity in duration. It was noted the injured worker recently had a Supartz injection to the right hip where he stated he had decreased pain rate 70% and was able to walk and sit much longer without cane on most occasions. The injured worker stated he had ongoing left hip pain as well as low back and neck pain. Inspection of the neck revealed tenderness in the paracervical muscles, trapezius and loss of lordosis was also noted. Medications were Fentanyl 25 mcg/hr patch every 72 hours, oxycodone HCL 10 mg 2-6 tablets daily, Savelle 50 mg 1 every day, fluticasone 50 mcg used as directed, Zipsor 25 mg 2-3 daily. MRI of the left hip showed postsurgical changes of the anterior to anterosuperior labrum, however at the 1:00 to 2:00 o'clock position the labrum appears diminutive and irregular which may be postsurgical in nature or related to an acute tear. There was band-like edema in the gluteous maximus muscle most likely representing mild muscle strain and increased thickening and irregularity of the ligamentum teres at the foveal attachment suggestive of acute or chronic strain. Diagnoses for the injured worker were closed head injury, post traumatic headaches, cervical sprain, right shoulder status post reconstruction, left shoulder status post reconstruction, lumbar sprain, right hip sprain, right knee sprain with probable contusion sprain right foot, ankle sprain with possible ligamentous disruptions, right ulnar neuritis, carpal tunnel syndrome, post traumatic thoracic outlet syndrome contributing to upper extremity dysesthesia. Treatment plan was for Supartz injection for the left hip. The rationale and Request for Authorization were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUPARTZ INJECTION FOR THE LEFT HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The guidelines used by the Claims Administrator are not clearly stated in the UR determination.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, Viscosupplementation.

Decision rationale: The request for Supartz injection for the left hip is non-certified. Diagnostic studies were not submitted for review. It was not noted if the injured worker participated in a physical therapy program. The Official Disability Guidelines state viscosupplementation is recommended as a possible option for severe osteoarthritis for patients who have not responded adequately to recommended conservative treatments (exercise, NSAIDs or acetaminophen), to potentially delay total hip replacement, but in recent quality studies the magnitude of improvement appears modest at best, and not long lasting. The guidelines state that viscosupplementation injection is for severe osteoarthritis. The injured worker had an MRI which was not submitted but only mentioned and there was no mention of osteoarthritis within the documentation. Therefore, the request is non-certified.