MAXIMUS Federal Services

Case Number:	CM13-0042846		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2001
Decision Date:	04/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/20/2013

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, has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 3/20/01. A utilization review determination dated 9/25/13 recommends non-certification of "3 of 6 outpatient consultation with [redacted] for bilateral hip complaints." 6/4/13 medical report from the consulting physician recommended annual x-rays and follow-ups to evaluate the placement of his bilateral THAs as the patient's hips were feeling good at that time. 8/23/13 medical report identifies decreased right thigh pain. There is neck and low back pain 6-8/10 with RLE symptoms in the knee and calf. On exam, cervical and lumbar spine ROM is decreased, there is pain with extension of the lumbar spine, decreased right C6 dermatome, slight decreased strength bilateral wrist extensors and bilateral psoas. Recommendation included consultation for bilateral hip complaints since that is beyond the scope of practice of the provider.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 OF 6 OUTPATIENT CONSULTATION WITH [redacted] FOR BILATERAL HIP.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 127.

Decision rationale: Regarding the request for 3 OF 6 OUTPATIENT CONSULTATION WITH [redacted] FOR BILATERAL HIP, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, the patient is noted to have bilateral total hip arthroplasty. He was seen by the consultant on 6/3/13, who recommended annual x-rays and annual follow-up since his hips were doing well. The provider has subsequently requested consultation on multiple occasions for hip complaints, but the patient's symptoms/findings listed in the body of the medical reports have not included any hip symptoms/findings. As the patient had recently seen the consultation who noted that the hips were doing well and recommended only yearly follow-up and there is no indication of any subsequent symptoms or findings to suggest an injury requiring a consultation in the interim. In light of the above issues, the currently requested 3 OF 6 OUTPATIENT CONSULTATION WITH [redacted] FOR BILATERAL HIP is not medically necessary.