

Case Number:	CM13-0057862		
Date Assigned:	12/30/2013	Date of Injury:	02/19/2010
Decision Date:	05/02/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim chronic hip, thigh, and low back pain reportedly associated with an industrial injury of February 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar fusion surgery; unspecified amounts of physical therapy; and muscle relaxants. In a Utilization Review Report of November 19, 2013, the claims administrator approved a hip x-ray while denying an ultrasound of the iliopsoas tendon. The applicant's attorney subsequently appealed. A November 15, 2013 clinical progress note is notable for comments that the applicant is doing full duty work and reportedly enjoys his job. The applicant has pending QME and pending hearing before the WCAB, it is stated. The applicant has some pain when transferring to and from a sitting to standing position. Flexeril, Mobic, and tramadol are sought. The attending provider states that he is appealing the previously denied request. In a November 20, 2013 progress note, it is stated that the applicant is having issues with hip, thigh, and lower extremity pain. The attending provider states that he believes the combination of x-ray and/or ultrasound testing would be more diagnostic here than x-ray testing alone. An October 16, 2013 note is notable for comments that the applicant has slightly antalgic gait with some tenderness over the iliopsoas tendon.

IMR ISSUES, DECISIONS AND RATIONALES

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

POST DIAGNOSTIC ULTRASOUND OF ILIOPSOAS TENDON: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) OFFICIAL DISABILITY GUIDELINES, HIP & PELVIS, ULTRASOUND.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), THIRD EDITION, HIP AND GROIN CHAPTER, ULTRASOUND TOPIC.

Decision rationale: The MTUS does not address the topic. As noted in the Third Edition ACOEM Guidelines, ultrasound is "recommended" for evaluating applicants with tendinopathies, bursitis, trochanteric pain syndrome, groin pain, groin strains, labral tears, and/or periarticular masses. In this case, the attending provider has seemingly suggested that the applicant in fact has some form of tendinopathy or bursitis which could theoretically be uncovered on diagnostic ultrasound testing. This is an approved indication for ultrasound testing, per ACOEM. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.