MAXIMUS Federal Services

Case Number:	CM13-0067356		
Date Assigned:	01/03/2014	Date of Injury:	01/06/2011
Decision Date:	08/05/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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 patient is a 52-year-old male who was injured on 01/06/2011. He sustained an injury when he slipped on gravel and felt his right hip pop while he was on the job. Prior treatment history has included 16 physical therapy sessions with benefit. Prior medication history included Ambien, Flexeril and lisinopril. Progress report dated 10/23/2013 indicates the patient complained of pain in the right groin and rates pain as 6/10. He has aching pain in his bilateral knees rated as 3-4/10 and right hip with pain rated as 4-5/10. On exam, he has reduced range of motion of the right hip with tenderness to palpation over the greater trochanteric area. Diagnoses are cervical hyperflexion/hyperextension injury; post-traumatic headaches; left levator scapular syndrome; mild left shoulder impingement; right hip acetabular labral tear and mild-to-moderate osteoarthritis of the right hip joint. His treatment and plan indicated AppTrim-D #120, Flexeril #60, UDT, physical therapy (8sessions) and re-evaluation. Progress report dated 12/03/2013 states the patient presented for evaluation of his right hip. He reports difficulty with walking, bending, dressing, transfers and lifting. On exam, his functional activities of daily living is 61%. His hip exam revealed active hip flexion at 90; active hip abduction at 50; active hip adduction neutral; active hip IR 25; active hip ER 80; Muscle strength of the right hip is 4/5 in flexion; 5/5 in adduction; 4/5 in abduction; 3/5 in external rotation and 3/5 in internal rotation. Assessment is hip pain and gait abnormality. The patient was recommended to continue physical therapy and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

REFILL OF FLEXERIL #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: This is a request for Flexeril for a 52-year-old male injured on 1/6/11. He underwent right total hip arthroplasty on 8/19/13. He is prescribed Flexeril on a chronic basis. However, MTUS guidelines do not recommend long-term use of Flexeril due to lack of demonstrated efficacy. Further, medical records do not support clinically significant functional improvement from use of Flexeril. Medical necessity is not established. Therefore, the request is not medically necessary.

CONTINUED EIGHT PHYSICAL THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: This is a request for an additional 8 physical therapy sessions for a 52-year-old male injured on 1/6/11. He underwent right total hip arthroplasty on 8/19/13. MTUS guidelines recommend 24 physical therapy sessions over 10 weeks with a 4-month treatment period for hip arthroplasty. While not entirely clear, it appears the patient completed 16 total physical therapy sessions after his surgery. Provided physical therapy records document ongoing functional improvement. An additional 8 physical therapy sessions is medically necessary.

REEVALUATION: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to ODG guidelines, office visits are recommended as determined to be medically necessary. This is a request for reevaluation for a 52-year-old male injured on 1/6/11. He underwent right total hip arthroplasty on 8/19/13. At the time of the request, the patient continued to have right hip complaints and limitations on physical examination. Medical necessity is established for one reevaluation. Therefore, the request is medically necessary.

APP TRIM D: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a request for AppTrim D for weight loss to manage morbid obesity for a 52-year-old male injured on 1/6/11. He underwent right total hip arthroplasty on 8/19/13. MTUS guidelines do not directly address the request. According to ODG guidelines, medical foods may be recommended for dietary management of a disease or condition in which distinctive nutritional deficiencies are established. However, distinctive nutritional requirements are not established for morbid obesity or weight loss. Further, medical records do not discuss the patient's response to AppTrim, weight, or weight loss goals. Medical necessity is not established. Therefore, the request is not medically necessary.