

Case Number:	CM14-0103801		
Date Assigned:	07/30/2014	Date of Injury:	04/25/2001
Decision Date:	11/03/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 65 year old male who sustained an industrial injury on 4/25/2001. A prior peer review on 6/16/2014 certified the request for Norco 10/325mg #120 with two refills, and non-certified the request for orthopedic re-evaluation in 6 weeks. The medical necessity of the request was not established. According to the PTP (primary treating provider) orthopedic progress report dated 4/23/2014, the patient presents for followup regarding his left shoulder, spine, right hip, hearing loss and hypertension. He complains of 6/10 left shoulder pain, right hip pain in the 4-5 range going to 6-7/10, low back pain in the 4-5 range going to 6-7/10, right shoulder pain rated 4/10, and also left foot pain rated 6/10. He is taking Celebrex, Vicodin, Prozac, and anti-anxiety medication, which are helping to decrease his symptoms. He is not currently attending any therapy. He is not working. Physical examination findings document the patient is pleasant, in no acute distress, alert and oriented x3, able to stand erect, slightly antalgic gait, left AC (acromioclavicular) joint tenderness, good symmetrical bilateral shoulder ROM (range of motion) left shoulder crepitus, 5/5 motor strength, 2+ reflexes, Tinel's and Phalen's sign present, diffuse forearm tenderness, decreased pin appreciation in ulnar distribution, 3/5 wrist motor power, symmetrical ROM of the upper extremities, tenderness thoracolumbar to base of pelvis, slightly tight paralumbar musculature bilaterally, tender buttocks, unable to squat due to pain, tenderness on stress of pelvis indicating mild SI joint symptomatology, limited ROM, intact DTRs (deep tendon reflexes), strength and sensation to the bilateral lower extremities, mild sciatic stretch bilaterally, swollen and tender right hip trochanteric region, limited right hip ROM, intramedial stress of the pelvis produces pain, positive Trendelenburg on the right, weak motor power of the right hip. PCA urinalysis report dated 2/26/2014 shows fluoxetine detected, not reported as prescribed; hydrocodone detected, reported as prescribed; zolpidem not detected, reported as prescribed. Diagnoses: 1. Multilevel cervical discopathy; 2. Status post left shoulder

arthroscopy; 3. Multilevel lumbar discopathy; 4. Right hip Paget's disease with sprain/strain; 5. Tear of left biceps; 6. Status post left knee arthroscopy with arthroscopic partial medial meniscectomy and chondroplasty - 4/17/09; 7. Left foot metatarsalgia; 8. Status post reconstructive surgery of the right hip; 9. Status post left foot amputated toe. Requested is bone scan and re-visit with [REDACTED]. Patient noticed increase in right hip pain over last few days. He and his family visited relatives and he was walking on uneven terrain, and doing a lot more walking which could explain the symptoms. He still benefits from hydrocodone. He requires hydrocodone, which will be refilled. Feet are tender to the touch and right shoulder and right hand have some mild tendinitis from continued cane use.

IMR ISSUES, DECISIONS AND RATIONALES

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

BONE SCAN ON HIP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, HIP AND PELVIS CHAPTER

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG) Hip and Pelvis, Bone scan (radioisotope bone scanning)

Decision rationale: According to the Official Disability Guidelines, bone scan is recommended in the presence of normal radiographs and in the absence of ready access to MR imaging capability. Radionuclide bone scans are effective for detection of subtle osseous pathology and, when negative, are useful in excluding bone or ligament/tendon attachment abnormalities. Bone scanning is more sensitive but less specific than MRI. It is useful for the investigation of trauma, infection, stress fracture, occult fracture, Charcot joint, Complex Regional Pain Syndrome, and suspected neoplastic conditions of the lower extremity. Although the diagnostic performance of the imaging techniques (Plain radiography, arthrography, and bone scintigraphy) was not significantly different, plain radiography and bone scintigraphy are preferred for the assessment of a femoral component because of their efficacy and lower risk of patient morbidity. One study found that bone scanning is not indicated to diagnose possible contralateral avascular necrosis if the hip is asymptomatic. Bone scanning has its limitations chiefly in its specificity and delayed results. Bone scanning is not typically used for hip fracture. There are several unfavorable aspects to scintigraphy. To begin, its specificity is lower than other modalities. Even when fracture is found, the poor spatial resolution of scintigraphy may not reveal the entire extent of a fracture, possibly leading to inappropriate treatment. The elderly, in particular, have been found to be at risk for incorrect and missed scintigraphic diagnoses. The largest disadvantage, however, is the usual practice whereby patients are not scanned until at least 72 h after injury. The patient presents with some increased right hip symptoms, likely due to recent significant increase in activities. There is no indication of recent injury, nor significant deficits demonstrated on objective examination. The medical records do not document recent radiographs have been obtained. The medical records do not support the request for bone scan is clinically indicated and medically necessary at this time. The request is non-certified.

REFERRAL TO [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations And Consultations pages 503-524

Decision rationale: The CA MTUS ACOEM guidelines state, "Under the optimal system, a clinician acts as the primary case manager. The clinician provides appropriate medical evaluation and treatment and adheres to a conservative evidence-based treatment approach that limits excessive physical medicine usage and referral." The patient presents with some increased right hip symptoms, likely due to recent significant increase in activities. There is no indication of recent injury, nor significant deficits demonstrated on objective examination. The patient is under the care of his orthopedic PTP. The medical records do not provide a specific reason for the requested referral. There is no indication of worsening of the patient's complaints and objective findings, failure of conservative management, and no clear indication of a potential surgical lesion. There is no indication that referral will significantly change or alter the patient's course of care. The medical necessity of this request is not established. The request is non-certified.

HOME HEALTH EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines Home health services Page(s): 51.

Decision rationale: According to the CA MTUS guidelines, Home health services is recommended only for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The purpose of home health evaluation is not clear. The medical records clearly establish the patient is quite functionally capable. There is no evidence to suggest he is homebound. In addition, an individual should be encouraged to perform self-care activities and to stay as active as possible, to maintain functional levels. Enabling behaviors or situations should be avoided. The medical necessity of a home health evaluation has not been established. The request is non-certified.