

Case Number:	CM14-0133731		
Date Assigned:	08/27/2014	Date of Injury:	12/05/2012
Decision Date:	10/24/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/21/2014

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 & Rehabilitation, 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 injured worker is a 42-year-old male who reported an injury on 12/05/2012. The mechanism of injury was not provided. Prior diagnostic studies included x-rays. The surgical history included status post left pelvic hip compression surgery. Other therapies included postoperative physical therapy. The injured worker's medication included Norvasc, OxyContin 30 mg twice a day, and Doxazosin. Additionally, Ambien was added. The most recent documentation was dated 05/23/2014, which revealed the injured worker was having more problems with sleep. The injured worker was utilizing a cane. The urine drug screen was positive for opiates, consistent with regimen. The diagnoses included status post left pelvic hip compression injury, resistant hypertension, erectile dysfunction, urine voiding difficulty and post-traumatic depressive syndrome. The treatment plan included medications, an urologist, possible additional hip surgery, and qualitative urine drug test. There was no Request for Authorization or documented rationale requesting a postoperative visit quantity 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op visit QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Office visits

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

Decision rationale: The Official Disability Guidelines indicate the need for a clinical office visit with a health care provider is individualized based upon the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The request as submitted failed to indicate the type of specialist for a postoperative visit. There was no Request for Authorization or rationale submitted for review, so the date of request could not be established. Given the above, the request for Postop visit quantity 1 is not medically necessary.