

Case Number:	CM14-0153620		
Date Assigned:	09/23/2014	Date of Injury:	09/10/2013
Decision Date:	10/24/2014	UR Denial Date:	08/18/2014
Priority:	Standard	Application Received:	09/19/2014

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 Family 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:

This is a 45 year-old male with a 9/10/13 date of injury. The mechanism of injury was a slip and fall. The patient was most recently seen on 8/14/14 with complaints of 8/10 left hip pain of 11 months duration. Exam findings revealed ranges of motion to be full, pain-free, and bilaterally symmetrical. There was tenderness over the left greater trochanter. The FABERE test was positive. The neurological exam was normal and non-focal. The patient's diagnoses included left hip greater trochanter bursitis, left hip osteoarthritis, and lumbar radiculopathy. The medications included Norco, nortriptyline, and Prilosec. Significant Diagnostic Tests: X-ray of the left hip on 6/20/14 revealed evidence of degenerative changes with mild acetabular osteoarthritis. An MRI of the left hip, dated 7/24/14, revealed minimal spurring of the left hip without acute osseous, tendinous, or labral abnormality. EMG/NCV of the bilateral lower extremities (7/2/14) was negative. Treatment to date: medications, physical therapy, TENS, activity restrictions an adverse determination was received on 8/18/14, due to a request for multiple orthopedic follow-up visits. The request was modified to an orthopedic follow-up x 1, with further provider visits and treatment dependent on the outcome of the consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic follow-ups for left hip: 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 Chapter Office Visits

Decision rationale: CA MTUS does not specifically address the issue. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. This patient presented with chronic left hip pain, despite conservative care in the form of medications, physical therapy, and TENS. Imaging studies of the left hip revealed osteoarthritis, but no evidence of internal derangement. Physical examination revealed local tenderness over the Greater Trochanter, and a positive FABERE test. However, ranges of motion in the bilateral hips were full, symmetrical, and pain-free. No neurological deficits are noted. The patient has seen an orthopedist in the past, and a request has been made for orthopedic "follow-ups" for left hip, which does not specify a specific amount of visits. In addition the UR determination modified the request to one follow up visit. Given this patient's failure on conservative therapy, a follow-up visit with the appropriate specialist is medically indicated; however, according to ODG guidelines, any further provider care and treatment should be allotted based on the outcome of the consultation the patient was approved for in the modified UR decision. Therefore, the request for orthopedic follow-ups for left hip was not medically necessary.