

Case Number:	CM14-0171714		
Date Assigned:	10/23/2014	Date of Injury:	09/17/2003
Decision Date:	11/21/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 48 year old male who was injured at work on 09/17/2003 . The injured worker is reported to be complaining of clicking and clunking of his left hip associated with pain. These symptoms are worsened by weight bearing. The physical examination revealed normal range of motion of his hip, no significant clicking or clunking. The worker has been diagnosed of status post left hip arthroplasty with most likely snapping Iliopsoas tendon, and possibly poly-wear on left hip. Treatments have included total left hip replacement surgery, unspecified medications. At dispute are the requests for (1) Pain Management Evaluation and treatment; and (1) Urine Toxicology Screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Pain Management Evaluation and treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: The injured worker sustained a work related injury on 09/17/2003. The medical records provided indicate the diagnosis of status post left hip arthroplasty with most

likely snapping Iliopsoas tendon, and possibly poly-wear on left hip. Treatments have included total left hip replacement surgery, unspecified medications. The medical records provided for review do not indicate a medical necessity for (1) Pain Management Evaluation and treatment: The MTUS does not recommend referral to a pain specialist except when subjective complaints do not correlate with imaging studies and/or physical findings and/or when psychosocial issue concerns exist. The records reviewed indicate the possibility of fluid, and metal- on- metal in the CT left hip, which are consistent with the injured workers complaints of clicking, clunking and hip pain. Therefore, the request for pain specialist referral is not medically necessary.

(1) Urine Toxicology Screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug test (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

Decision rationale: The injured worker sustained a work related injury on 09/17/2003. The medical records provided indicate the diagnosis of status post left hip arthroplasty with most likely snapping Iliopsoas tendon, and possibly poly-wear on left hip. Treatments have included total left hip replacement surgery, unspecified medications. The medical records provided for review do not indicate a medical necessity for (1) Urine Toxicology Screen. The MTUS recommends the use of drug screening or tests for patients on opioids who have issues of abuse, addiction, or poor pain control. However, the records reviewed do not indicate the injured worker belongs to these groups; besides, he had urine drug screen in 05/01/14. The requested test is not medically necessary.