

Case Number:	CM14-0171814		
Date Assigned:	10/23/2014	Date of Injury:	10/25/2011
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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 53-year-old female with a date of injury of 10/25/2011. The listed diagnoses per [REDACTED] are cervicalgia, cervical brachial syndrome and spondylosis not otherwise specified without myelopathy. According to progress report, 09/23/2014, the patient presents with pain in her left knee, hip, left side of neck, and right hand. Her bilateral hip is constantly painful and worse when she tries to stand up from a sitting position. The pain radiates to her groin bilaterally. The pain is worse with walking. Examination of the bilateral hip revealed no erythema, swelling, atrophy, or deformity. No limitation in range of motion is noted. There was tenderness over the trochanter and Thomas test and FABER's test were both negative. The physician would like to recommend bilateral x-ray of the hip. There is also a request for "durable medical equipment by level IPAP 18 cm and EPAP 13 cm of water pressure." Utilization review denied the request on 10/01/2014. Treatment reports from 03/19/2014 through 10/22/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray Bilateral Hips: 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) Hip & pelvis chapter, X-rays

Decision rationale: This patient presents with left knee, hip, left-sided neck, and right hand pain. The physician states that the patient's hip pain is "likely related to degenerative changes" and recommends bilateral x-rays. The ACOEM and MTUS guidelines do not discuss x-rays for the pelvis/hip. ODG guidelines have the following under its hip/pelvis chapter, x-rays are recommended. Plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. (Mullis, 2006) Medical file indicates the patient has hip pain, and no evidence that there were X-rays done. Given the suspicion for arthritis, recommendation is for authorization.

Durable Medical Equipment - Bi-Level IPAP 18 and EPAP 13 CM of Water Pressure:
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 Other Medical Treatment Guideline or Medical Evidence: ██████ Obstructive Sleep Apnea in Adults Number: 0004
http://www.aetna.com/cpb/medical/data/1_99/0004.html

Decision rationale: This patient presents with left knee, hip, left-sided neck, and right hand pain. The physician is requesting durable medical equipment - "bilateral IPAP 18 cm and EPAP 13 cm of water pressure quantity 1." Utilization review denied the request stating that it does not appear that the proposed IPAP/EPAP are warranted or appropriate as part of the accepted WC claim. The ACOEM, MTUS and ODG guidelines do not discuss IPAP/EPAP. Therefore, alternative medical resources were consulted. ██████ Clinical Policy Bulletin regarding Obstructive Sleep Apnea in Adults Number: 0004, has the following under section VII. Treatment: Continuous Positive Airway Pressure (CPAP) "██████ considers CPAP or auto PAP medically necessary DME for members with a positive facility-based NPSG*, or with a positive home sleep test* including Type II, III, IV(A) or Watch-PAT devices," as defined by either of the following criteria: 1) Member's apnea-hyperpnoea or respiratory disturbance index is greater than 15 events/hr or 2) AHI or RDI is greater than 5 and less than 15 events/hr...In this case, the physician does not provide a rationale for this request. There are no discussions of sleep apnea or sleep issues and there is no documentation of patient's apnea- hyperpnoea index or respiratory disturbance index as required by ██████ for the consideration of use. Recommendation is for denial.