

Case Number:	CM14-0173768		
Date Assigned:	10/27/2014	Date of Injury:	04/25/2012
Decision Date:	12/05/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/21/2014

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 and Rehabilitation and Pain Management, 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 65-year-old female with a date of injury of 04/25/2012. The listed diagnosis is status post Open Reduction Internal Fixation (ORIF) right periprosthetic femur fracture, 04/26/2013. According to progress report 08/28/2014, the patient presents for a follow-up regarding her right lower extremity periprosthetic fracture. The patient reports an increase in pain along her right groin and buttock region. Examination revealed, "The thigh is minimally tender to palpation along the adductors, and she is able to ambulate with no significant limp. Motor, sensation, and pulses are intact and distally, there is no swelling about the thigh, calf, ankle, or foot." Treating physician states the radiographic examination revealed, "Implant positioning in alignment and no failure of fixation." He recommends patient take antiinflammatories on a daily basis and gradually resumes her activities. Progress report 06/27/2014 indicates the patient is overall doing well but has mild residual symptoms that occur primarily with repetitive activities such as exercising. Examination revealed "Quadriceps is 5/5 with motor strength and full range of motion of the hip, knee, ankle, and foot are noted. Calves are soft and nontender." This is a request for Forteo injection 1 syringe a month for 2 years. The medical file provided for review includes progress reports from 01/30/2014 through 08/28/2014 and provides no discussion regarding the requested injections. Utilization review denied the request on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Forteo injection (1 syringe a month for 2 years): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin, Teriparatide (Forteo)

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: http://www.aetna.com/cpb/medical/data/600_699/0666.html

Decision rationale: This patient is status post Open Reduction Internal Fixation (ORIF) right periprosthetic femur fracture on 04/26/2013 with residual pain. The request is for Forteo injection 1 syringe a month for 2 years. The ACOEM, MTUS, and ODG Guidelines do not discuss Forteo injections. Therefore, alternate medical resources were consulted. Aetna Clinical Policy Bulletin No. 0666 considers daily injections of teriparatide (Forteo) medically necessary for a woman with postmenopausal osteoporosis, treatment of men with primary or hypogonadal osteoporosis, or the treatment of adults with glucocorticoid-induced osteoporosis. In this case, the review of the reports does not show any discussion regarding osteoporosis or similar concerns. The treating physician does not discuss the request and the rationale. The request is not medically necessary and appropriate.