

Case Number:	CM14-0021594		
Date Assigned:	05/05/2014	Date of Injury:	10/01/2009
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 Orthopedic Surgery, 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 claimant is a 54 year old male with an industrial injury October 1st 2009 after fall from 12 feet. An exam note from 2/6/14 demonstrates diagnosis of cervical strain and lumbar facet fracture. An exam note reports the claimant with right hip difficulty. No physical examination is given of the hip. There is no documentation of conservative treatment that has been utilized leading up to the referral request.

IMR ISSUES, DECISIONS AND RATIONALES

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

ORTHOPEDIC SURGERY CONSULT, RIGHT HIP LABRAL TEAR, WITH MPN PHYSICIAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7- Independent Medical Examinations and Consultations page 127, and Clinical Evidence; BMJ Publishing Group, Ltd.; London, England; www.clinicalevidence.com; Section: Musculoskeletal Disorders; Condition: Osteoarthritis of the Hip.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127, page 79.

Decision rationale: The ACOEM Guidelines states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the medical records provided for review do not demonstrate any objective evidence or failure of conservative care to warrant a specialist referral. Therefore the request is not medically necessary and appropriate.

TRAZODONE 150MH, #34 DOS: 2/6/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13.

Decision rationale: Trazadone is a atypical antidepressant. According to the MTUS Chronic Pain Guidelines, page 13, antidepressants are used as first line option for neuropathic pain or possibly for non neuropathic pain. There is no evidence of depression or insomnia in the medical records from 2/16/14 to justify Trazadone. Therefore the request is not medically necessary.