

Case Number:	CM14-0022788		
Date Assigned:	06/11/2014	Date of Injury:	04/08/2009
Decision Date:	07/18/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/24/2014

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 is licensed to practice in Illinois. 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 39-year-old female who reported an injury on 4/8/09. The mechanism of injury was that a heavy box hit her in the left hip. Her diagnoses were noted to be right hip labral tear and right hip femoroacetabular impingement. Her prior treatments were noted to be left hip arthroscopy with debridement on 7/12/12, 24 sessions of physical therapy, 12 sessions of aquatic therapy, and right hip arthroscopy with debridement on 10/10/13. The injured worker had an evaluation on 5/5/14. Her complaints were right hip pain with activity and pain in the groin. The injured worker stated weakness in the hip accompanied with numbness and tingling in the leg. The injured worker reported taking medications Dilantin, Celebrex, Norco, and Voltaren gel. The examination of the right hip notes tenderness with palpation over the greater trochanter, tenderness over the anterior hip, no instability, motor strength 5/5 to all motor groups, and decreased range of motion secondary to pain. The assessment continued to note pain in the joint, pelvic region, and thigh. The right hip had a CAM lesion and mild joint space loss seen on fluoroscopy. The evaluation notes possible malabsorption syndrome causing no healing of hips. A Toradol injection was given on 5/5/14. The treatment plan was addressed for the injured worker's pain in her joint, pelvic region, and thigh. Information was discussed with the injured worker about treatment options, include nonoperative and operative treatments. The injured worker was to continue to follow rehabilitation protocol at home and with physical therapy, education materials had been provided for the patient to understand this process. She was to continue pain medications as needed, and return to the physician earlier if pain worsend or progress was not being achieved. She agreed to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI PELVIS WITHOUT CONTRAST: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines state that indications for an MRI are for finding avascular necrosis of the hip and osteonecrosis. Exceptions for an MRI include suspected osteoma and labral tears. In the most recent clinical evaluation, it is not noted that there is a need for an MRI. The guidelines suggest an MRA. The injured worker agreed to a home exercise program as a conservative care measure. The injured worker was instructed to continue pain medications as needed, and return to the physician earlier if pain worsened or progress was not being achieved. There was a lack of information provided pertaining to the injured worker's response to conservative care and if symptoms continued to support the necessity of the requested MRI of the pelvis. As such, the request is not medically necessary.

BONE SCAN: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines indicate that a bone scan is useful for the investigation of trauma, infection, stress fracture, occult fracture, Charcot joint, complex regional pain syndrome, and suspected neoplastic conditions of the lower extremity. The largest disadvantage of bone scan, however, is the usual practice whereby patients are not scanned until at least 72 hours after injury. In the most recent clinical evaluation, the injured worker did not have symptoms of trauma, infection, stress fracture, occult fracture, Charcot joint, complex regional pain syndrome, or neoplastic suspicions. The injured worker's injury took place on 4/8/09. As such, the request is not medically necessary.

METABOLIC TESTING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Cigna.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Healthline.com, Basic Metabolic Panel (2011, May 30). National Library of Medicine - National Institutes of Health. Retrieved July 31, 2012.

Decision rationale: A metabolic test is indicated for questions of blood filtration, acid/base balance of the blood, blood sugar levels, and electrolyte levels. This test can help uncover kidney problems, lung problems, certain heart problems, and problems with the pancreas or insulin metabolism. The clinical evaluation from 5/5/14 does not indicate any rationale for a metabolic test as there were no concerns to support the testing. As such, the request is not medically necessary.