

Case Number:	CM14-0039139		
Date Assigned:	06/27/2014	Date of Injury:	12/10/2010
Decision Date:	12/03/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED], employee who has filed a claim for shoulder, low back, and hip pain reportedly associated with an industrial injury of September 10, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a lumbar support; muscle relaxants; unspecified amounts of manipulative therapy; and extensive periods of time off work. In a utilization review report dated March 5, 2014, the claims administrator denied a request for x-rays of the bilateral hips. The applicant's attorney subsequently appealed. In a November 13, 2013, progress note, the applicant reported multifocal complaints of bilateral wrist, bilateral hand, low back, and bilateral hip pain, 6-10/10, with derivative complaints of depression, anxiety, insomnia, and weight gain. Authorization was sought for x-rays of the bilateral shoulders, bilateral wrists, low back, lumbar spine, and bilateral hips while prescriptions for tramadol, Naprosyn, and Flexeril were also endorsed. The applicant was placed off work, on total temporary disability. In a later note dated January 17, 2014, the applicant was again placed off work, on total temporary disability, owing to ongoing complaints of low back and bilateral shoulder pain. Multiple medications were refilled. Additional physical therapy was sought. The applicant went onto receive computerized range of motion testing/functional capacity testing on January 31, 2014, the results of which were not clearly reported. The applicant again received functional capacity testing/computerized range of motion and strength testing on March 28, 2014. In a handwritten note dated February 14, 2014, difficult to follow, not entirely legible, the applicant seemingly presented with primary complaints of low back and bilateral shoulder pain. There was no mention of issues involving or implicating either hip. Similarly, in a progress note of December 6, 2013, the applicant was again described as having low back, bilateral shoulder, and right wrist pain complaints. Again, there was no mention of issues associated with the hip. In

a later note dated August 27, 2014, it was acknowledged that the applicant had been terminated by her former employer and had not worked since March 2013. The applicant's presenting complaints included low back and bilateral shoulder pain. There was no mention of any hip issues on this occasion, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-Ray of Bilateral Hips: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers Compensation, Online Edition Chapter: Hip & Pelvis (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Hip and Groin Chapter, X-rays Section.

Decision rationale: The MTUS does not address the topic. While the Third Edition ACOEM Guidelines Hip and Groin Chapter does acknowledge that x-rays of the hips are recommended for evaluating acute, subacute, or chronic hip pain, femoroacetabular impingement, hip dysplasia, and/or hip osteonecrosis, in this case, however, it was not clearly stated what was sought. It was not clearly stated what was suspected. The attending provider's progress notes, referenced above, contained only infrequent references of the applicant's hip issues and/or hip symptoms. The bulk of the information on file focused on discussion of the applicant's low back and shoulder complaints. Several progress notes, referenced above, including those dated August 27, 2014, February 14, 2014, etc., focused almost exclusively on the applicant's low back and shoulder complaints, with little or no mention of hip pain complaints. The fact that x-rays of multiple body parts, including the shoulders, wrists, low back, and hips were all concurrently sought, suggests that these x-rays were being ordered for routine evaluation purposes, with no clear intention on acting on the results of the same. No clearly stated diagnosis or differential diagnosis involving either hip was furnished on any of the progress notes in question. Therefore, the request is not medically necessary.