MAXIMUS Federal Services

Case Number:	CM14-0063830		
Date Assigned:	07/11/2014	Date of Injury:	10/14/2013
Decision Date:	08/08/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 patient is a 56-year-old female [redacted] leader who sustained an industrial injury on 10/14/13. Injury occurred when a student kicked a soccer ball and hit the patient's abdomen. The patient reported an onset of back and left hip pain. Conservative treatment to date included extensive physical therapy, acupuncture and chiropractic treatment, and medications. Past medical history was positive for a pelvic fracture in 1998 in a horse riding accident and a head and back injury in 2007 when she was thrown from a horse. The 1/1/14 lumbar MRI documented disc desiccation and central posterior annular tears at L2/3 and L4/5 with no stenosis or disc protrusion. The 4/3/14 initial orthopedic evaluation documented an extensive course of conservative treatment. Current complaints included groin and buttock pain, limitation in left hip motion, difficulty bearing weight, and episodes where her hip pops out. She was using crutches for ambulation. Physical exam documented difficulty bearing weight on the left leg and getting on the exam table. There was marked restriction of left hip motion with marked pain with any movement. There was no evidence of motor or sensory deficit, deep tendon reflexes were symmetrical. There was mild generalized low back pain. The 3/14/14 left hip MRI was reviewed and found to be normal. There was no evidence of avascular necrosis or arthritis. There was no evidence of muscle injury and the labrum was intact. Left hip x-rays were obtained and showed the left hip joint well preserved with no evidence of avascular necrosis or fracture. There was evidence of bilateral healed fractures of the superior and inferior pubic rami. The patient had marked restriction of left hip motion and marked disability. Additional therapy was recommended for mobilization of the hip. An MRI arthrogram was recommended to rule out intra-articular pathology. The 4/17/14 utilization review denied the requests for physical therapy three times a week for four weeks, and left hip MR arthrogram. Physical therapy was denied as the patient had attended extensive physical therapy for the hip and would be well-versed in a home exercise

program. The request for MR arthrogram was denied as the MRI was normal and there were no mechanical symptoms or positive provocative tests indicative of labral tears.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy three sessions per week for four weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page(s) 98-99 Page(s): 98-99.

Decision rationale: The California MTUS recommends active over passive therapies in the treatment of chronic pain. Guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. Patients are then expected to continue active therapies at home in order to maintain improvement levels. In this case, the patient has been afforded extensive physical medicine treatment with residual pain and functional limitation. A home exercise program is noted. Additional diagnostic studies are pending to establish a firm diagnosis. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program at this time. Therefore, the request for physical therapy three sessions per week for four weeks is not medically necessary and appropriate.

Left hip MR arthrogram: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, hip and pelvis procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Arthrography.

Decision rationale: The Official Disability Guidelines recommend arthrography for suspected labral tears. Magnetic resonance (MR) arthrography has been proven to be effective in determining the integrity of intra-articular ligamentous and fibrocartilaginous structures and in the detection or assessment of osteochondral lesions and loose bodies in selected cases. A combination of MR arthrography and a small field of view is more sensitive in detecting labral abnormalities than is conventional MRI with either a large or a small field of view. Guideline criteria have been met. In this case, the patient presents with persistent left hip pain, loss of motion, intermittent popping out, and difficulty bearing weight. Extensive conservative treatment has failed to improve the condition. X-rays and imaging have been inconclusive. Therefore, the request for left hip MR arthrogram is medically necessary and appropriate.