

Case Number:	CM14-0082381		
Date Assigned:	07/21/2014	Date of Injury:	05/08/1995
Decision Date:	09/11/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Surgeon 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 injured worker is a 56-year-old male who reported an injury on 05/08/1995. The mechanism of injury was not provided. On 07/24/2014, the injured worker presented with pain in the right knee. Current medications included Soma, ibuprofen, and Norco. The diagnoses were hip joint pain, lower leg pain, sacroiliac spine strain, hip bursitis, lumbago, and sciatica. Upon examination, the injured worker ambulated slowly with a right antalgic gait and ambulates with the use of crutches. There was decreased range of motion of the torso and decreased sensory deficits in the T8-10 dermatomes, with radiation to the bilateral flanks and positive thoracic tenderness. The provider recommended Soma for muscle spasm, physical therapy, and an orthopedic surgeon referral. The request for authorization form for physical therapy was dated 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic surgeon referral for the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction Page(s): 1.

Decision rationale: The request for an orthopedic surgeon referral for the right hip is non-certified. The California MTUS Guidelines state that if the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The clinical documentation provided no evidence that the current treatment has failed to result in improvement in the injured worker's pain complaints or that requires complex management or surgical intervention for control of pain complaints. Based on the submitted documentation reviewed and medical guidelines, an orthopedic surgeon referral for the right hip would not be indicated. As such, the request for Orthopedic surgeon referral for the right hip is not medically necessary.

Physical therapy, twelve (12) sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine, Functional improvement measures Page(s): 98-99, 48.

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

Decision rationale: The California MTUS Guidelines state that California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete an exercise or task. Injured workers are instructed in and expected to continue therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy over 4 weeks. There was a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the prior therapy. Additionally, the provider's request does not indicate the site that the physical therapy was intended for, or the frequency of the physical therapy sessions in the request as submitted. As such, the request for Physical therapy, twelve (12) sessions are not medically necessary.

Soma 350 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Soma Page(s): 29.

Decision rationale: Soma 350 mg #30 is not medically necessary. The California MTUS state Soma is not recommended. The medication is not indicated for long-term use. These have been notated for sedative and relaxant effects. As the guidelines do not recommend Soma, the medication would not be indicated for use. Additionally, the provider does not indicate the frequency of the medication in the request as submitted. As such, the request for Soma 350 mg #30 is not medically necessary.