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| Case Number: | CM14-0098584 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 08/21/2007 |
| Decision Date: | 09/24/2014 | UR Denial Date: | 06/17/2014 |
| Priority: | Standard | Application Received: | 06/26/2014 |

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 has a subspecialty in Interventional Spine 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 57-year-old male with an injury date of 08/21/2007. Based on the 05/16/2014 progress report, the patient has back pain radiating from his lower back down to his right leg. He also complains of lower backache and bilateral hip pain. The patient has poor quality of sleep and he has decreased activity level. The 05/19/2014 report indicates that the patient has an evaluation for his symptomatic right worse than the left posterior tibialis tendon dysfunction and right worse than left mid foot arthritis. He also had new irritation along with superficial peroneal nerve on the right side and right peroneal tendinitis. He continues to have radiculopathy symptoms along the lumbar spine and his cervical spine and reports that he had a left carpal tunnel surgery done. The 04/04/2014 MRI of the left hip reveals the following: Left hip with changes above normal. Morphology of the anterior labrum on sagittal images indicating labral tear and dislocation. The labral anterior superior and posterior superior is intact with spurring of the acetabular rim. There is mild spherical contour on coronal images, but this is not significant on axial oblique images relative to coronal plane. The gluteus minimus tendon shows mild tendinosis. There are areas of chondral inhomogeneity 1.3 cm of the acetabular roof laterally and 8-mm anteriorly which may represent partial stages of delamination. There is mild spurring of the head and neck junction. Large field of view images show tendinitis in hamstring tendons bilaterally, greater on the right. An MRI of the right hip revealed the following: 1. Right hip with intact anterior superior and posterior superior labrum, status post changes on MRI that may correlate with osteoplastin. The labrum is torn; however, anteriorly with absence of a normal labrum morphology. 2. There are areas of partial delamination of the acetabular roof as well as spurring of the acetabular rim. These areas of delamination 8.4 mm x 7 mm have a

chronic appearance. 3. There is mild tendinosis of the gluteus minimus tendon. 4. The adductors of the hip are abnormal. 5. SI joints and sacroiliac are normal. The 06/11/2014 MRI of the cervical spine revealed the following: 1. severe multilevel degenerative changes of the cervical spine, most pronounced at C4-C5 where there is a severe central canal stenosis and severe bilateral neuroforaminal narrowing. 2. A short segment of abnormal cord signal is identified just below the C4-C5 disk space at the site of most significant canal stenosis and is most likely related to chronic cord compression. There is no evidence of cord expansion to suggest acute edema. The patient's diagnoses include the following: Right worse than left symptomatic posterior tibialis tendon dysfunction, improved with orthotics. Right worse than left, specifically 2nd and 3rd mid foot arthritis, improved with orthotics. Irritation along the superficial peroneal nerve and right peroneal tendon, improved again with orthotics. Right radicular symptoms along the right upper extremity and right lower extremity in which he is seeing a pain doctor for evaluation. Right carpal tunnel syndrome that we will require and anticipate further hand surgery evaluation. The utilization review determination being challenged is dated 06/17/2014. Treatment reports were provided from 10/02/2013 - 06/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation and Treat for Both Hips: Overturned

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

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Based on the 05/16/2014 progress report, the patient complains of back pain radiating from his lower back down to his right leg, lower backache, and bilateral hip pain. The request is for consultation and treatment for both hips. The report with the request was not provided. ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation for complex issues. It appears as though the patient has hip issues and would like to consult with somebody in that specialty therefore, this request is medically necessary.

Consultation and Treat for CTS: Overturned

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

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) ACOEM Practice Guidelines, 2nd Edition (2004), Ch:7 page 127.

Decision rationale: Lower back which radiates down to his right leg, lower backache, and bilateral hip pain. The request is for consultation and treatment for the CTS. The report with the request was not provided. ACOEM page 127 states, "Occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." ACOEM supports specialty consultation for complex issues and it appears the patient has several problems, which he would like to consult with the specialist for therefore, this request is medically necessary.