

Case Number:	CM14-0195626		
Date Assigned:	12/03/2014	Date of Injury:	06/07/2013
Decision Date:	01/20/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	11/21/2014

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 & Rehabilitation and Pain Management, 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 56 year old female with an injury date of 06/07/13. Based on the 10/02/14 progress report provided by treating physician, the patient complains of right hip pain. Physical examination to the right hip revealed slight tenderness to palpation to ischial tuberosity, decreased tenderness to the right greater trochanter, and moderate tenderness along the right adductor muscles and anterior hip. Range of motion was painful, especially on abduction at 45 degrees; with clicking, catching or popping on examination. Patient's medications include Norco, Ibuprofen and Ambien. Patient is temporarily totally disabled. Treating physician is an orthopedic surgeon. Treater states in progress report dated 10/02/14 "I am pleased that internal medicine has been approved as she is having blood pressure issues."Diagnosis 10/02/14- hip arthralgia- low back syndrome- enthesopathy of hip- hip bursitis- sprain/strain hip and/or thigh-sacroiliac ligament sprain/strain- lumbar myofascial sprain/strainThe utilization review determination being challenged is dated 11/14/14. The request was approved. Treatment reports were provided from 02/25/14 - 10/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult ongoing treatment with an internist: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM. 2nd Edition, 2004, page 127

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), Independent medical examination and consultations Ch: 7 page 127.

Decision rationale: The patient presents with right hip pain. The request is for Consult ongoing treatment with an internist. Patient's diagnosis on 10/02/14 included low back syndrome, hip arthralgia, sacroiliac ligament sprain/strain, and lumbar myofascial sprain/strain. Patient's medications include Norco, Ibuprofen and Ambien. Patient is temporarily totally disabled. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The 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. Treating physician who is an orthopedic surgeon, has not provided reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested ongoing consult with an internist. Given the patient's condition, the request for consult appears reasonable. Treater states in progress report dated 10/02/14 "I am pleased that internal medicine has been approved as she is having blood pressure issues. The request was medically necessary.