

Case Number:	CM14-0196296		
Date Assigned:	12/04/2014	Date of Injury:	02/10/2012
Decision Date:	01/30/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/24/2014

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 chronic hip pain reportedly associated with an industrial injury of December 10, 2012. In a Utilization Review Report dated November 20, 2014, the claims administrator denied an acute rehabilitation-seven-day stay for the hip. The applicant had undergone a total hip arthroplasty in 1995, the claims administrator contented, i.e., prior to the industrial injury. The claims administrator then stated that the applicant had undergone a total hip arthroplasty and hardware revision in December 2012. The claims administrator stated that the applicant had recently received an infectious disease consultation on November 11, 2014 and that the applicant was asked to employ IV vancomycin for a suspected infection. The claims administrator employed non-MTUS ODG guidelines on physical therapy, as opposed to on rehabilitation, in its denial. The applicant's attorney subsequently appealed. However, the November 11, 2014 infectious disease consultation on which the article in question was sought was not incorporated into the Independent Medical Review packet. The most recent progress note which the claims administrator furnished was dated May 28, 2014. On said progress note of May 28, 2014, the applicant was given diagnosis of osteomyelitis status post right periprosthetic fracture of the hip. The applicant had apparently undergone an ORIF surgery. The applicant had issues with diabetes. The applicant was placed off of work, on total temporary disability, and apparently asked to consult an infectious disease physician. In an earlier progress note dated March 15, 2014, the applicant reported 7-9/10 low back and hip pain. Low back pain was the primary complaint with hip pain a secondary complaint. The applicant was status post right femur replacement surgery, right hip replacement surgery and right knee arthroscopy. The applicant was on Butrans, Norco, and Ultram, it was acknowledged. The attending provider suggested that

the applicant was employed, in the history section of the report but did not clearly delineate the applicant's work status at the bottom of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Admission for Acute Rehabilitation Program (PT) for 7 days 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 Official Disability Guidelines (ODG), Physical Therapy Guidelines - Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Hip Chapter, Skilled Nursing Facility (SNF) Care.

Decision rationale: 1. No, the proposed admission for an acute rehabilitation program for seven days for the hip is not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. While ODG's Hip Chapter Skilled Nursing Facility Care topic states that skilled nursing facility care is necessary after hospitalization when an applicant requires skilled nursing or rehabilitation services, or both, on a 24-hour basis, in this case however, it was not clearly outlined why the applicant needed to obtain skilled nursing or skilled rehabilitation services or both on a 24-hour basis. The November 11, 2014 infectious disease consultation on which the article in question was seemingly sought was not incorporated into the Independent Medical Review packet. It was not clearly stated whether the applicant was attempting to transition from an acute care hospital to a rehabilitation facility. The clinical context and the clinical circumstances surrounding the proposed admission to the acute rehabilitation program were not readily evident or readily apparent based on the limited information on file, which did not include the November 2014 progress notes made available to the claims administrator. The information which is on file, however, failed to support or substantiates the request. Therefore, the request is not medically necessary.