

<b>Case Number:</b>	CM14-0204251		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	12/21/2007
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
State(s) of Licensure: California  
Certification(s)/Specialty: Internal Medicine

### 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 (IW) is a 48 year old male, who sustained an industrial injury on December 21, 2007. He has reported pain in the hip and was diagnosed with a lateral tear. Treatment to date has included radiographic imaging. Currently, the IW complains of pain in the hip. Magnetic resonance imaging on June 13, 2014 revealed abnormalities and degeneration of the hip joint. On November 5, 2014, Utilization Review non-certified a follow up, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On December 5, 2014, the injured worker submitted an application for IMR for review of requested follow up.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow up:** 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), Pain (Chronic), ACOEM Low Back Disorders.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 75. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 7

Independent Medical Examiner Page 127. Official Disability Guidelines (ODG) Pain (Chronic) Office visits.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses occupational physicians and other health professionals. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 5 Cornerstones of Disability Prevention and Management (Page 75) states that occupational physicians and other health professionals who treat work-related injuries and illness can make an important contribution to the appropriate management of work-related symptoms, illnesses, or injuries by managing disability and time lost from work as well as medical care. ACOEM Chapter 7 Independent Medical Examiner (Page 127) states that the health practitioner may refer to other specialists when the plan or course of care may benefit from additional expertise. 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. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss, or fitness for return to work. A consultant may act in an advisory capacity, or may take full responsibility for investigation and treatment of a patient. Official Disability Guidelines (ODG) indicates that office visits are recommended as determined to be medically necessary. A follow-up office visit was requested on 10/23/14. MRI magnetic resonance imaging of the hip report dated 6/13/14 was the only medical record document in the submitted medical records. No progress reports were submitted that support the request for a follow-up office visit were submitted. Therefore, the request for a follow-up visit is not medically necessary.