

Case Number:	CM14-0219004		
Date Assigned:	01/09/2015	Date of Injury:	03/13/2008
Decision Date:	04/06/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/31/2014

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 57 year old male, who sustained an industrial injury when he was struck on his right shin on 3/13/2008. He has reported right knee pain which has increased since last visit of 9/29/14. The diagnoses have included entrapment neuropathy left limb, edema, venous insufficiency, hip bursitis, pain in joint lower leg and knee pain. The previous treatments included medications, diagnostics, synvisc knee injections and compression stockings. Currently, according to the primary treating physician's PR2 dated 11/24/14, the IW complains of right knee pain which has increased since last visit. The pain with medications is rated 8/10 and without medications is rated a 10/10. He also reports pain in the right hip, sleep quality is poor and activity level has decreased. He cannot walk right with the intense right knee pain and therefore has been sitting more with increased difficulty moving and working. The electromyogram dated 1/31/12 revealed findings consistent with bilateral superficial peroneal and bilateral sural neuropathies. The current medications were norco, lidocaine ointment and lyrica. The IW reports increased hip and low back pain and walking with a limp. Previously the hip and low back pain were controlled with right knee injections and left trochanteric bursa injections had relieved the pain in the hip 100 percent on 3/2014. The pain has worsened in the right knee and right lower extremity, increased pain with ambulation and activity level has been affected. The right hip range of motion is restricted, extension is limited, and there was tenderness noted over the groin. The left hip had tenderness noted over the trochanter's and positive sign was noted indicative of iliotibial tract contracture associated with trochanteric bursitis or snapping hip syndrome. The left hip trochanteric bursa injection was done with visit of 11/24/14. The IW

continues to work full time as a teacher and coach. On 12/3/14 Utilization Review non-certified a request for x-ray series to include weight bearing views of right hip, noting the there are no new or progressive deficits involving the right hip for which this type of imaging study is indicated. There is no evidence that emergent or urgent surgery is under consideration. The medical necessity of the request has not been clearly demonstrated and a clarification has not been obtained. The Official Disability Guidelines (ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray series to include weight bearing views (right hip): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: There is reported increased hip and low back pain and walking with a limp. Previously the pain was controlled with injections but now the pain was worsened. There was reported tenderness over the trochanter and there was positive sign of iliotibial tract contracture. MTUS guidelines support radiographs when there is new pain with neurologic deficit (supported by limp) when it represents a progression from previous findings. As the pain had been controlled and now has worsened with finding of tenderness and gait abnormality, radiographs are supported under MTUS. X-ray series to include weight bearing views (right hip) is medically necessary and appropriate.