

Case Number:	CM15-0005299		
Date Assigned:	01/26/2015	Date of Injury:	12/22/1986
Decision Date:	03/20/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/09/2015

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: Physical Medicine & Rehabilitation

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 63-year-old female, who sustained an industrial injury on December 22, 1986. She has reported a motor vehicle accident, which resulted in fracture of her femur. The diagnoses have included osteoarthritis of pelvic region, Achilles tendinitis, back pain, obesity, and hypertension. Treatment to date has included knee surgery, medications, right total knee replacement, cortisone injection, and physical therapy. Currently, the IW complains of continued left Achilles pain, and intermittent left groin pain. Hip range of motion is noted to be flexion 90, extension 0, internal rotation 10, and external rotation 25. The records indicate she was encouraged to lose weight for improved health. On December 11, 2014, Utilization Review non-certified cortisone injection and aspiration of the left hip, MAC IV sedation, and electrocardiogram, comprehensive metabolism, complete blood count, and urinalysis, based on MTUS, and ODG guidelines. On January 9, 2015, the injured worker submitted an application for IMR for review of Electrocardiogram, and comprehensive metabolic, complete blood count, urinalysis testing, and cortisone injection & aspiration, and MAC IV sedation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Coritsone injection and aspiration of left 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, Hip and Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hip and Pelvis chapter on Intra-articular steroid hip injection

Decision rationale: This patient presents with low back, bilateral hip, left Achilles, and right knee pain. The treater is requesting CORTISONE INJECTION AND ASPIRATION OF LEFT HIP. The RFA was not made available for review. The patient's date of injury is from 12/22/1986, and the patient's current work status is retired. The MTUS and ACOEM Guidelines do not discuss this request. However, the ODG Guidelines under the Hip and Pelvis chapter on Intra-articular steroid hip injection states, not recommended in early hip osteoarthritis (OA). Under study for moderately advanced or severe hip OA, but if used, should be in conjunction with fluoroscopic guidance. Recommended as an option for short-term pain relief in hip trochanteric bursitis. The records do not show any previous cortisone injection and aspiration of the left hip. The 11/06/2014 report notes hip internal rotation was moderately painful on the left. No other findings of the left hip were noted. In this case, the ODG Guidelines do not recommend intraarticular steroid hip injection for early hip osteoarthritis. The request IS NOT medically necessary.

MAC IV sedation: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head chapter, Sedation

Decision rationale: This patient presents with low back, bilateral hip, left Achilles, and right knee pain. The treater is requesting MAC IV SEDATION. The RFA was not made available. The patient's date of injury is from 12/22/1986, and her work status is retired. The MTUS and ODG Guidelines do not address this request. However, the ODG Guidelines under the Head chapter on Sedation states, Recommended as indicated below. Sedation and neuromuscular blockade are appropriate if needed for transport. Short-acting agents are preferred to allow for serial exams. It appears that the IV sedation was requested by the treater in conjunction with the patient's cortisone injection and aspiration of the left hip request. Given that the request for cortisone injection was denied, the request for IV sedation IS NOT medically necessary.

EKG, comp metabolism, CBC, UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back chapter on preoperative lab testing, preoperative EKG ODG under Pain Chapter, Urine Drug Testing

Decision rationale: This patient presents with low back, bilateral hip, left Achilles, and right knee pain. The treater is requesting EKG-COMP METABOLISM, CBC, and UA. The RFA was not made available for review. The patient's date of injury is from 12/22/1986, and the patient's work status is retired. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Low Back chapter on preoperative lab testing that it is indicated under the following criteria: For patients undergoing invasive urologic procedures; for patients with underlying chronic disease; for patient at risk for undiagnosed diabetes mellitus, etc. For preoperative electrocardiogram, it is indicated for patients undergoing high-risk surgery and that undergoing intermediate-risk surgery. For UA, the ODG Guidelines provide clear recommendations. For low-risk opiate users, once yearly urine drug screen is recommended following initial screening within the first 6 months. It appears that the request for EKG-comp metabolism, CBC, and UA was made in conjunction with the cortisone injection and aspiration request. Given that the cortisone injection was denied, the request for EKG-comp metabolism, CBC, and UA is not warranted. The request IS NOT medically necessary.