

Case Number:	CM15-0141666		
Date Assigned:	08/05/2015	Date of Injury:	09/27/2013
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/21/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice, Sports 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 is a 65 year old female, who sustained an industrial injury on September 27, 2013. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having left trochanteric bursitis status post open reduction with internal fixation of the femoral neck and groin pain. Treatment and diagnostic studies to date has included x-rays of the left hip, physical therapy, medication regimen, status post left hip surgery, use of a cane, status post left knee arthroscopy, magnetic resonance imaging, and lateral hip injection. In a progress note dated February 24, 2015 the treating physician reports complaints of left lateral hip pain that radiates to the groin and the lateral thigh along with numbness to the left foot radiates to the left extremity. Examination reveals decreased range of motion to the bilateral hips, mild impingement to the left hip, and tenderness to the greater trochanter, and a positive Ober's test on the left. The treating physician requested consultation of the left hip and an electromyogram of the left lower extremity and left hip with the treating physician recommending neurology evaluation for probable radiculopathy secondary to symptoms and with an evaluation with an electromyogram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation for left hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7, Independent Medical Examinations and Consultations regarding referrals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines General Approach to Initial Assessment and Documentation, page 22, Independent Medical Examinations and Consultations, chapter 7.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for orthopedic consultation. MTUS guidelines state the following: consultation is indicated, when there are "red flag" findings. Also, to aid in the diagnosis, prognosis, therapeutic management, and determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. The clinical documents state the patient had a surgery. There is no need for further consults, as they have been seeing an orthopedic surgeon. According to the clinical documentation provided and current MTUS guidelines, an additional orthopedic consultation is not indicated as a medical necessity to the patient at this time.

EMG for the Left Lower Extremity/Left Hip: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, EMGs (electromyography) section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pgs. 303-305.

Decision rationale: The current request is for EMG of the bilateral lower extremities. MTUS guidelines were reviewed in regards to this specific case. Clinical documents were reviewed. The clinical documents state that the patient does have a specific diagnosis of neuropathy. There is clinical documentation evidence for indication of EMG testing; The EMG is indicated as a medical necessity at this time.