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| Case Number: | CM15-0164537 | | |
| Date Assigned: | 09/01/2015 | Date of Injury: | 12/09/2014 |
| Decision Date: | 10/05/2015 | UR Denial Date: | 08/01/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This injured worker is a 35 year old female who reported an industrial injury on 12-9-2014. Her diagnoses, and or impression, were noted to include: possible lumbar radiculopathy. No current imaging studies were noted. Her treatments were noted to include: diagnostic x-ray studies; a supervised exercise program; medication management; and modified work duties. The orthopedic consultation progress notes of 7-7-2015 reported complaints of continuous pain in her lower back that radiated to her legs and knees, without numbness or tingling and with weakness; continuous right hip and groin pain that was aggravated by activity and sitting, without popping or grinding; recurrent right knee pain which increased at rest, was aggravated by activity, and was without buckling or giving way; and that her pain affected her ability to perform activities of daily living and exercising. Objective findings were noted to include no acute distress, and slight lumbar tenderness. The physician's treatments were noted to include x-ray studies of the right hip, right knee and lumbar spine, none of which noted any significant abnormalities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request: 1 X-ray of the right hip (DOS 7/7/15): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis (Acute & Chronic) - X-rays.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic), X-Ray.

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for continuous right hip and groin pain, recurrent and increased right knee pain, and radiating low back pain. X-rays of the lumbar spine and right knee were obtained in February 2015. When seen, she was having right groin and lateral hip pain with prolonged sitting, standing, or walking. She had also noted pain at rest and had an uneven gait. She had recurrent knee pain over the back of her knee and underneath the kneecap increased with prolonged standing or walking, stair climbing, squatting, stooping, or flexing and extending the knee. She had continuous low back pain radiating to her legs without numbness or tingling. Physical examination findings included decreased lumbar spine range of motion with slight tenderness. There were normal examinations of the right hip and right knee. Her BMI was nearly 36. X-rays were obtained and she was referred for physical therapy and an orthopedic evaluation. Voltaren was prescribed. An x-ray of the hip and pelvis should routinely be obtained in patients sustaining a severe injury. And are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. Plain radiographs are usually sufficient for diagnosis of hip fracture as they are at least 90% sensitive. In this case, the claimant had hip and groin pain and had not had prior imaging of the hip and is obese. She would be at increased risk for hip osteoarthritis. An x-ray was medically necessary.

Retrospective request: 1 X-ray of the right knee (DOS 7/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic, Radiography (x-rays)).

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for continuous right hip and groin pain, recurrent and increased right knee pain, and radiating low back pain. X-rays of the lumbar spine and right knee were obtained in February 2015. When seen, she was having right groin and lateral hip pain with prolonged sitting, standing, or walking. She had also noted pain at rest and had an uneven gait. She had recurrent knee pain over the back of her knee and underneath the kneecap increased with prolonged standing or walking, stair climbing, squatting, stooping, or flexing and extending the knee. She had continuous low back pain radiating to her legs without numbness or tingling. Physical examination findings included decreased lumbar spine range of motion with slight tenderness. There were normal examinations of the right hip and right knee. Her BMI was nearly 36. X-rays were obtained and she was referred for physical therapy and an orthopedic evaluation. Voltaren was prescribed. A x-ray of

the knee can be recommended in a patient with non-traumatic knee pain with patellofemoral symptoms or without history of trauma or tumor with non-localized pain. In this case, the claimant had localized pain over the back of the knee and kneecap and had already had an x-ray of the knee in February 2015 that explains these findings. A repeat x-ray is not considered medically necessary.

Retrospective request: 1 X-ray of the lumbar spine (DOS 7/7/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Radiography (x-rays).

Decision rationale: The claimant sustained a work injury in December 2014 and is being treated for continuous right hip and groin pain, recurrent and increased right knee pain, and radiating low back pain. X-rays of the lumbar spine and right knee were obtained in February 2015. When seen, she was having right groin and lateral hip pain with prolonged sitting, standing, or walking. She had also noted pain at rest and had an uneven gait. She had recurrent knee pain over the back of her knee and underneath the kneecap increased with prolonged standing or walking, stair climbing, squatting, stooping, or flexing and extending the knee. She had continuous low back pain radiating to her legs without numbness or tingling. Physical examination findings included decreased lumbar spine range of motion with slight tenderness. There were normal examinations of the right hip and right knee. Her BMI was nearly 36. X-rays were obtained and she was referred for physical therapy and an orthopedic evaluation. Voltaren was prescribed. An x-ray of the lumbar spine can be recommended in a patient with uncomplicated low back pain where there is a suspicion of cancer or infection or after surgery to evaluate the status of a fusion. In this case, there is no acute injury and none of the applicable criteria for a chronic injury are fulfilled. An x-ray of the lumbar spine was obtained in February 2015 and did not need to be repeated. It was not medically necessary.