

Case Number:	CM15-0185969		
Date Assigned:	09/28/2015	Date of Injury:	07/02/2012
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/21/2015

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54-year-old male who sustained an industrial injury on 7-2-12. The injured worker reported hip discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for left hip labral tear, left hip stiffness possible adhesion, lower lumbar pain, and sciatica and The AME evaluator documented a left hip small gluteal medius tear, the requesting physician states it is a right sided tear, but no rationale for the right side is given as there is not history of injury to this side. Provider documentation dated 9-2-15 noted the work status as temporary totally disabled. Prior drug screens have revealed the use of cocaine and methamphetamine. Treatment has included Voltaren extended release, non-steroidal anti-inflammatory drugs, Norco, magnetic resonance imaging, and status post left hip arthroscopy. Objective findings dated 9-2-15 were notable for "normal light touch deep peroneal, superficial peroneal, sural, saphenous, tibial nerve distribution." The treating physician indicates that a urine drug testing "was negative for controlled substances except cocaine and marijuana on 11-19-14." The original utilization review (8-26-15) denied a request for Physical therapy 2 times a week for 6 weeks for the left hip and Voltaren extended release 100 milligrams quantity of 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x a week for 6 weeks for the left hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur).

Decision rationale: MTUS Guidelines recommend up to 22 sessions of physical therapy as adequate post surgical treatment for this individuals condition. He has had complications of post surgical adhesions which could justify additional therapy and this has been offered. The records state that he has had therapy on and off for the past 18 months post surgical and in a prior review, upwards of 60 sessions is documented. There is no history of follow through with a home program and there is no documentation of lasting benefits from the prior therapy. The requesting health professional has consistently diagnosed a right sided gluteal muscle tear, but other records state that it is a left sided tear. Under these circumstances, the request for ongoing therapy is not supported by Guidelines, as there is no history of patient follow through or prior benefit. The Physical therapy 2x a week for 6 weeks for the left hip is not medically necessary.

Voltaren XR 100mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS Guidelines do not recommend the long-term daily use of NSAIDs for most chronic conditions. However, the Guidelines do allow for intermittent use during flare-ups if the medication is beneficial. The Voltaren is recommended for intermittent use and there is no established documentation of how it has or will be utilized. Opioids are avoided due to prior illicit drug use discovered on prior urine drug screening. Under these circumstances, at least a trial of the Voltaren is Guideline supported and this can be re-reviewed once a use pattern and potential benefits or lack of benefits are established. The Voltaren XR 100mg, #60 is medically necessary.