

Case Number:	CM15-0198857		
Date Assigned:	10/14/2015	Date of Injury:	08/25/2013
Decision Date:	11/23/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	10/09/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 56 year old male, who sustained an industrial injury on 8-25-2013. The injured worker is undergoing treatment for: right knee pain. On 9-2-2015, he reported doing well and continuing to participate in physical therapy for persistent right hip stiffness. He indicated he was due to medically retire soon and that physical therapy was helpful in significantly improving his quality of life by enabling him to walk more frequently. He also reported lumbar soreness. Objective findings revealed a perceptible limp, no pain with hip range of motion, intact motor and sensory, and no signs of infection. The treatment and diagnostic testing to date has included: right hip x-rays (9-2-15) revealed total hip arthroplasty with no interval change in position of implant or alignment when compared with prior x-rays; right total hip replacement (approximately January 2015); multiple physical therapy sessions. Medications have included: oxycodone, hydromorphone, acetaminophen, gabapentin, Celebrex. Current work status: off work until medical retirement or QME. The request for authorization is for: follow up with ortho (visits) quantity requested 3. The UR dated 9-15-2015: non-certified the request for follow up with ortho (visits) quantity requested 3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up with Ortho (visits), QTY: 3: Upheld

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 & Pelvis (Acute & Chronic), Office visits and on the Non-MTUS ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Follow up visits.

Decision rationale: Pursuant to the Official Disability Guidelines, follow-up orthopedic (visits) #3 are not medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of patient concerns, signs and symptoms, clinical stability and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines as opiates or certain antibiotics require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. Determination of necessity for an office visit requires individual case review and reassessment being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. In this case, the injured worker's working diagnosis is well functioning right total hip arthroplasty. Date of injury is August 25, 2013. Request for authorization is September 9. According to a September 2, 2015 progress note, the injured worker's status post right total hip arthroplasty February 6, 2015. The injured worker is doing well. Objectively, there is no pain with gentle range of motion. The treatment plan provides for follow-up in two years in September 2017. There is no clinical indication for #3 follow-up visits. There is no clinical rationale for #3 follow-up visits. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a follow-up treatment plan in two years (September 2017), follow-up orthopedic (visits) #3 are not medically necessary.