

Case Number:	CM15-0202376		
Date Assigned:	10/19/2015	Date of Injury:	02/02/2010
Decision Date:	12/17/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/14/2015

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: Texas, Florida, 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:

This 48 year old male sustained an industrial injury on 2-2-10. Documentation indicated that the injured worker was receiving treatment for bilateral hip osteoarthritis, chronic neck pain, major depressive disorder with suicidal risk and somatic symptom disorder with predominant pain. Previous treatment included cervical fusion, activity modification and medications. In a progress note dated 8-20-15, the injured worker complained of persistent right hip pain. Physical exam was remarkable for normal bilateral lower extremity neurovascular status, 5 out of 5 lower extremity strength in all muscle groups including hip extension, hip flexion, symmetric deep tendon reflexes, decreased hip range of motion: flexion 80 to 90 degrees, internal rotation -10 degrees and abduction to 30 to 40 degrees. The injured worker had pain at extremes of flexion and internal rotation. The physician documented that x-rays demonstrated osteoarthritis and femoral acetabular impingement. The physician stated that the injured worker was refractory to conservative management (activity modification and medications) of hip osteoarthritis and that the injured worker's activities of daily living and quality of life were compromised. On 9-10-15, a request for authorization for was submitted for right total hip replacement with associated surgical services included home physical therapy three times a week for two weeks and then outpatient physical therapy three times a week for four weeks. On 9-24-15, Utilization Review noncertified a request for post-operative physical therapy for the right hip, three times a week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-op outpatient physical therapy 3xWk x 4Wks for the right hip: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Section, Post surgical care.

Decision rationale: This claimant was injured in 2010 and has diagnoses of bilateral hip osteoarthritis, chronic neck pain, major depressive disorder with suicidal risk and somatic symptom disorder with predominant pain. Previous treatment included cervical fusion, activity modification and medications. The physician documented that x-rays demonstrated osteoarthritis and femoral acetabular impingement. On 9-10-15, a request for authorization for was submitted for right total hip replacement. Following this form of post surgery physical therapy, the MTUS is silent. The ODG notes in the hip section that about 24 sessions would be reasonable. This request is therefore medically necessary. This review of course presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Veno Pro x 30 day rental: 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, Venous thrombosis; Knee & Leg, Compression garments.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Knee, under Deep Venous Thrombosis.

Decision rationale: This claimant was injured in 2010 with bilateral hip osteoarthritis, chronic neck pain, major depressive disorder with suicidal risk and somatic symptom disorder with predominant pain. Previous treatment included cervical fusion, activity modification and medications. The physician documented that x-rays demonstrated osteoarthritis and femoral acetabular impingement. On 9-10-15, a request for authorization for was submitted for right total hip replacement. It is not clear the surgery was approved and completed. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG notes in regards for compressive devices for deep venous thrombosis prevention: Recommend identifying subjects who are at a high risk of developing venous thrombosis and providing prophylactic measures such as consideration for anticoagulation therapy. Minor injuries in the leg are associated with greater risk of venous thrombosis. The relative risk for venous thrombosis is 3-fold greater following minor injury, especially if injury occurs in the 4 weeks prior to thrombosis, is located in the leg, and involves multiple injuries or rupture of muscle

or ligament. Risk for venous thrombosis is higher in those with leg injury combined with family history of venous thrombosis (12-fold risk), Factor V Leiden mutation (50-fold risk), or Factor II 20210A mutation (9-fold risk). This patient lacks significant risk factors for deep venous thrombosis, such that I would not agree with the compression rental following the surgery. Further, it is not clear the hip surgery was approved and completed. The request is not medically necessary.

Post-op Home physical therapy 3xWk x 2Wks for the right hip: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment 2009, Section(s): Hip, Pelvis and Thigh (femur). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip & Pelvis, Home health services.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Home health services.

Decision rationale: Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 51 of 127. This claimant was injured in 2010 with bilateral hip osteoarthritis, chronic neck pain, major depressive disorder with suicidal risk and somatic symptom disorder with predominant pain. Previous treatment included cervical fusion, activity modification and medications. The physician documented that x-rays demonstrated osteoarthritis and femoral acetabular impingement. On 9-10-15, a request for authorization for was submitted for right total hip replacement. It is not clear the surgery was approved and completed. Regarding home health care services, the evidence-based guides note that is recommended only for otherwise recommended medical treatment for patients who are homebound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. This claimant appears to need it for non-medical services and activities of daily living. However, the guide specifically notes that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. (CMS, 2004). It is not clear however that the surgery was approved and completed. As presented in the records, the evidence-based MTUS criteria for home health services evaluation would not be supported and was appropriately not medically necessary.