MAXIMUS Federal Services

Case Number:	CM15-0020448		
Date Assigned:	02/10/2015	Date of Injury:	10/07/2013
Decision Date:	04/15/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	02/03/2015

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 59-year-old male with an industrial injury of 10/07/2013. The mechanism of injury is documented as stepping on a metal ramp, slipped and "tumbled." He managed to break the fall by holding onto a wall and experienced immediate pain in left hip. He has diagnoses of diabetes and hypertension. Surgical history included surgery for removal of part of his large intestines in 2006. At presentation on 10/28/2014, he was complaining of low back pain with radiation to his left leg and foot. He also was complaining of left hip pain and ambulated with a one-point cane. As documented by provider MRI showed non-displaced anterior left hip labral tear, moderate strains of the minimums medius and strain of the gluteus medius and minimums. Prior treatments included cortisone injection to the left hip, MRI arthrogram study of left hip, injection of lidocaine and medications. Diagnoses were torn labrum, hip; degenerative joint disease lumbar spine and rule out degenerative joint disease hip verses femoral acetabular impingement. On 01/15/2015, utilization review issued the following decisions; The request for baseline laboratory studies, hemoglobin A1C and cholesterol was denied. MTUS does not discuss these studies. The reviewer notes "I cannot identify the meaning of baseline laboratory studies and thus cannot apply guidelines." The request for a second opinion orthopedic consultation is not medically necessary. ACOEM was cited. The request for 12 physical visits for the hip is not medically necessary. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 PT visits for the hip baseline: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Hip Physical Therapy.

Decision rationale: MTUS Guidelines do not address the issue of reasonable amounts of physical therapy for various hip problems. ODG Guidelines recommend up to 9 sessions as adequate for most hip conditions. Given the fact that the diagnosis is not fully established and that fact that there has been a surgical request, the medical necessity for 12 pre-operative sessions of physical therapy is not supported by Guidelines and is not medically necessary.

Baseline laboratory studies, Hemoglobin A1c and cholesterol: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 26.

Decision rationale: MTUS Guidelines recommend minimal standards of medical evaluation to justify testing. These standards have not been met for these requests. The Orthopedic necessity of baseline laboratory studies, Heamoglobin A1c and cholesterol are not adequately documented in the records reviewed to meet Guideline standards and are not medically necessary at this point in time.

Second opinion orthopedic consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7: Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM 2nd ed 2004 Chapter 7 | 127.

Decision rationale: Guidelines allow for second or expert opinion when the treating physician opinion that a medical problem may be particularly complex or it is not part of his/her expertise. This individual has such a qualifying condition. The hip diagnosis is not completely certain and there is the complicating issue of back pain possibly contributing to the hip pain. Under these circumstances, the request for a second opinion is medically necessary and reasonable.