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| Case Number: | CM15-0023796 | | |
| Date Assigned: | 02/13/2015 | Date of Injury: | 11/03/2010 |
| Decision Date: | 03/26/2015 | UR Denial Date: | 01/23/2015 |
| Priority: | Standard | Application Received: | 02/09/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 70 year old male with an industrial injury dated November 3, 2010. The injured worker diagnoses include left hip sprain and strain. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 1/15/2015, the injured worker reported pain in left hip and lower back since left knee replacement in March 2014. There was tenderness in the hip. Pain rated between 2-8/10 in the left knee and constant ache of 7/10 in the back. The treating physician prescribed services for MRI, lumbar spine without contrast and physical therapy 2 times a week for 9 weeks for left hip. Utilization Review determination on January 23, 2015 denied the request for MRI, lumbar spine without contrast and physical therapy 2 times a week for 9 weeks for left hip, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI, lumbar spine without contrast: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: According to the ACOEM guidelines, an MRI of the lumbar spine is recommended for red flag symptoms such as cauda equina, tumor, infection, or uncertain neurological diagnoses not determined or equivocal on physical exam. There were no red flag symptoms. There was no plan for surgery. In this case, there were no recent abnormal neurological findings despite an EMG/NCV in 2011 that indicated lumbar radiculopathy. The request for an MRI of the lumbar spine is not medically necessary.

Physical Therapy 2 times a week for 9 weeks for Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Physical Medicine Guidelines-Hip and Pelvis Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG and Hip pain/ therapy

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ODG guidelines, physical therapy is indicated for up to 8 visit for strain. In this case, the request for 18 sessions exceeds the amount suggested by the guidelines. As a result, the amount of sessions requested is not medically necessary.