

Case Number:	CM15-0033661		
Date Assigned:	02/27/2015	Date of Injury:	06/26/2012
Decision Date:	04/07/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/23/2015

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, Illinois

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 38 year old female, who sustained an industrial injury on 06/26/2012. She has reported subsequent back, hip and lower extremity pain and was diagnosed with chronic pain syndrome, lumbar radiculopathy, left hip osteoarthritis and left sacroiliac joint arthropathy. Treatment has included oral pain medication, physical therapy, stretching, application of heat and cold and home exercise. On 01/20/2015, the injured worker presented to the emergency department complaining of severe intractable back pain that was worsening with inability to move the left leg and was admitted to the hospital. The physician noted that MRI of the lumbar and cervical spine showed a normal examination. X-rays of the left hip showed dysplastic hip. The physician noted that the injured worker had intractable pain in the left low back, buttock and left lower extremity. She reported to the Emergency room where she was admitted for 17 days. During her stay, she had MRI of her hip, which was positive for congenital hip pathology and degenerative changes. On 02/02/2015 a left lumbar sympathetic block and sacroiliac joint injection was performed. On 02/12/2015, Utilization Review non-certified a request for 17 day inpatient stay from 01/20/2015 to 2/6/2015 for the back, hip and left knee, noting that the documentation didn't indicate why the injured worker's care couldn't be provided at a lower level. Peer reviewed guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Initial hospital care: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip & Pelvis (Acute & Chronic) Hospital length of stay (LOS).

Decision rationale: The injured worker sustained a work related injury on 06/26/2012. The medical records provided indicate the diagnosis of chronic pain syndrome, lumbar radiculopathy, left hip osteoarthritis and left sacroiliac joint arthropathy. Treatment has included oral pain medication, physical therapy, stretching, application of heat and cold and home exercise. The medical records provided for review do not indicate a medical necessity for initial hospital care. The records indicate her main problem was the pain in her hip. The MTUS is silent on this, but the Official Disability Guidelines has Hip Arthroscopy as the hip condition with the longest hospital stay. The recommended hospital stay is as follows: Actual data median 7 days; mean 9.5 days (0.3); discharges 3,735; best practice target (no complications) 7 days. Therefore the request is not medically necessary.