

Case Number:	CM15-0037237		
Date Assigned:	03/09/2015	Date of Injury:	07/23/1987
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 71-year-old male sustained an industrial injury on 7/23/87, with subsequent ongoing back, shoulder and hip pain. The injured worker underwent right total hip arthroplasty on 10/8/12 and left hip total arthroplasty on 3/26/12. In a PR-2 dated 2/4/15, the injured worker complained of mild pain in the right hip that increased with prolonged walking, rated 0/10 on the visual analog scale on medications. The injured worker reported feeling very unstable when walking. Physical exam was remarkable for bilateral hips without tenderness to palpation, intact range of motion and 4/5 strength to the left lower extremity on abduction. The treatment plan included an aggressive weight loss program, ongoing physical therapy and a recheck in three months with bilateral hip x-rays and ultrasound. On 2/12/15, Utilization Review non-certified a request for ██████████ Weight Loss Program and ultrasound right and left hip noting ACOEM and CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

██████████ **Weight Loss Program Qty 1.00:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Workers' Compensation, Treatment Index, 5th Edition (web), 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This 71 year old male has complained of bilateral hip pain since date of injury 7/23/87. He has been treated with bilateral hip arthroplasty, physical therapy and medications. The current request is for [REDACTED] Weight loss program. There are no evidenced based guidelines that recommend [REDACTED] Weight loss program for the treatment of chronic hip pain. On the basis of the available medical documentation and per evidenced based guidelines, [REDACTED] Weight Loss Program is not indicated as medically necessary.

Ultrasound Right Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Workers' Compensation, Treatment Index, 5th Edition (web), 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This 71 year old male has complained of bilateral hip pain since date of injury 7/23/87. He has been treated with bilateral hip arthroplasty, physical therapy and medications. The current request is for ultrasound right hip. There are no evidenced based guidelines that recommend ultrasound of the hip for the evaluation and treatment of chronic hip pain. On the basis of the available medical documentation and per evidenced based guidelines, ultrasound of the right hip is not indicated as medically necessary.

Ultrasound Left Hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Workers' Compensation, Treatment Index, 5th Edition (web), 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.com.

Decision rationale: This 71 year old male has complained of bilateral hip pain since date of injury 7/23/87. He has been treated with bilateral hip arthroplasty, physical therapy and medications. The current request is for ultrasound left hip. There are no evidenced based guidelines that recommend ultrasound of the hip for the evaluation and treatment of chronic hip pain. On the basis of the available medical documentation and per evidenced based guidelines, ultrasound of the left hip is not indicated as medically necessary.