

<b>Case Number:</b>	CM15-0057576		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	04/17/2014
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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, 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:

This is a 53 year old female patient, who sustained an industrial injury on 4/17/2014. The current diagnoses are enthesopathy of the hip region and displacement of lumbar intervertebral disc without myelopathy. Per the note dated 4/3/2015, she had complaints of pain in both hips and legs with numbness and weakness in the bilateral legs as well as stiffness after prolonged sitting. The physical examination revealed normal gait and sits comfortably. According to the progress report dated 2/19/2015, she had complains of pain in the bilateral hips and legs. The pain is associated with numbness and weakness in the bilateral legs, as well as stiffness after prolonged sitting. The pain is rated 8/10, but 5/10 at its best, and 10/10 at its worst. Her average pain in the last seven days was 7/10. The physical examination revealed tenderness over the right sciatic notch, sacroiliac joint and bilateral greater trochanter, positive bilateral lumbar facet loading and right straight leg raising test; decreased lumbar spine and right shoulder range of motion. The current medications are Tramadol, Baclofen, Ibuprofen, and Diclofenac. She has had X-rays of the hips, MRI of the lumbar spine on 9/25/14, which revealed degenerative changes. She has had physical therapy (moderate pain relief), epidural steroid injection, and hip injection. Her surgical history includes pinning of left hip at 12 years and removal of pins at the age of 14 years. She has had initial 6 acupuncture visits. The plan of care includes 6 physical therapy sessions to the bilateral hips, 8 trial acupuncture sessions to bilateral hips, MRI of the bilateral hips, and Diclofenac.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy for bilateral hips QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

**Decision rationale:** Request: Physical therapy for bilateral hips QTY: 6. The cited guidelines recommend up to 9-10 physical therapy visits for this diagnosis. Per the records provided, patient has had unspecified numbers of physical therapy visits for this injury. There is no evidence of significant progressive functional improvement from the previous physical therapy visits that is documented in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of physical therapy for bilateral hips QTY: 6 is not established for this patient at this time.

**Trial acupuncture for bilateral hips QTY: 8:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** Request: Trial acupuncture for bilateral hips QTY: 8. MTUS guidelines Acupuncture Medical Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines. CA MTUS Acupuncture medical treatment guidelines cited below state that "'Acupuncture' is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records provided do not specify any intolerance to pain medications that patient is taking currently. Plan for surgical intervention is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. In addition, per the cited guidelines "Time to produce functional improvement: 3 to 6 treatments (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(f)." Therefore, the requested visits are more than the recommended by the cited criteria. The medical necessity of trial acupuncture for bilateral hips QTY: 8 is not fully established in this patient at this time.

**MRI of the bilateral hips:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Hip & Pelvis(updated 10/09/14)MRI (magnetic resonance imaging).

**Decision rationale:** Request: MRI of the bilateral hips. ODG guidelines recommends Hip MRI for "Osseous, articular or soft-tissue abnormalities, Osteonecrosis, Occult acute and stress fracture, Acute and chronic soft-tissue injuries and Tumors." An indication listed above that would require bilateral hip MRIs is not specified in the records provided. Response to previous conservative therapy including physical therapy visits is not specified in the records provided. The pt has a normal gait. Evidence of red flags is not specified in the records provided. The surgical history includes pinning of left hip at 12 years and removal of pins at the age of 14 years. The details of these surgeries, operative reports and imaging study reports done at that time were not specified in the records provided. The medical necessity of MRI of the bilateral hips is not fully established for this patient.