

Case Number:	CM14-0115950		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2013
Decision Date:	10/14/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on October 9, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated February 13, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated decreased lumbar lordosis and tenderness of the lumbar spine paraspinal muscles. There was decreased lumbar spine range of motion and a negative straight leg raise test. Examination of the hips revealed marked restriction and range of motion with significant pain. Diagnostic imaging studies of the lumbar spine showed multilevel degenerative disc disease. X-rays of the pelvis demonstrated marked osteoarthritis of both hips. Previous treatment was not discussed. A request had been made for a right and left hip total arthroplasty, a left hand cane, the use of a walker, a home tens unit, and electromyography (EMG) and nerve conduction velocities (NCV) studies of the lower extremities and was not certified in the pre-authorization process on June 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right total hip arthroplasty then left total hip arthroplasty eight weeks later, internal medicine evaluation for clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hip and pelvis chapter - Hip Arthroplasty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip and Pelvis, Arthroplasty, Updated March 25, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for a total hip arthroplasty includes documentation that conservative care including physical therapy, home exercise, and medications have failed to provide adequate relief. The attach medical record does not state that the injured employee has failed to improve with these methods. As such, this request for a right hip arthroplasty, followed by left hip arthroplasty and an internal medicine consultation for clearance is not medically necessary.

Left hand cane, Folding walker with wheels,seats and brakes: 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 and Pelvis, Walking Aids, Updated March 25, 2014.

Decision rationale: As the accompanying request for hip surgery has been determined not to be medically necessary, so is this request for a left hand cane, and a folding walker with wheels, seats, and brakes is not medically necessary.

Tens unit for home use: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 121.

Decision rationale: As with the request for hip surgery, the requirement for the use of a tens unit includes documentation that appropriate pain modalities including medications have been tried and failed. As the attached medical record does not include this information, this request for the use of a TENS unit is not medically necessary.

Electromyogram (EMG) of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing lower extremity symptoms. The most recent progress note dated February 13, 2014, does not reveal any abnormal neurological findings of lower extremities. As such this request for EMG and NCV studies of the lower extremities are not medically necessary.

Nerve Conduction Studies of the bilateral lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines support electromyography (EMG) and nerve conduction velocities (NCV) to help identify subtle focal neurologic dysfunction in patients where a computed tomography (CT) or magnetic resonance imaging (MRI) is equivocal and there are ongoing lower extremity symptoms. The most recent progress note dated February 13, 2014, does not reveal any abnormal neurological findings of lower extremities. As such this request for EMG and NCV studies of the lower extremities are not medically necessary.