

Case Number:	CM14-0121377		
Date Assigned:	09/16/2014	Date of Injury:	10/27/2011
Decision Date:	10/20/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/01/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in California. 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 42-year-old female was reportedly injured on October 27, 2011. The most recent progress note, dated August 17, 2014, indicated that there were ongoing complaints of neck pain, back pain, left hip pain, left knee pain, and left ankle pain. There was also felt the right hip pain compensatory to the left hip. The physical examination demonstrated tenderness and spasms over the cervical and lumbar spine. There was a positive left-sided straight leg raise test. There was decreased left hip range of motion with pain and crepitus. Examination of the left knee noted a mild effusion and tenderness along the joint line. There was a normal upper and lower extremity neurological examination. Diagnostic imaging studies of the left hip indicated a degenerative spur formation and of the acetabular margin. Previous treatment was unknown. A request had been made for a consultation treatment for possible total hip replacement and Prilosec and was not certified in the pre-authorization process on July 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation & Treatment for possible total hip replacement: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip Arthroplasty (<http://www.odg-twc.com/odgtwc/hip.htm>)

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, Total Hip Arthroplasty, Updated October 9, 2014

Decision rationale: According to the Official Disability Guidelines, a total hip arthroplasty was recommended when all reasonable conservative measures have been exhausted and is generally recommended for individuals over 50 years of age. The attached medical record does not indicate that the injured employee has failed other conservative measures such as physical therapy or injections. The request for a Consultation and Treatment for possible total Hip Replacement is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: Prilosec (omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a G.I. disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for Prilosec is not medically necessary.