MAXIMUS Federal Services

Case Number:	CM14-0129241		
Date Assigned:	09/22/2014	Date of Injury:	10/04/2010
Decision Date:	10/24/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/13/2014

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 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:

This is the case of a 62 year old female, with a date of injury 10/04/2010, due to a slip and subsequent fall on a wet floor while entering the building. Present diagnosis includes right hip arthritis, right fascia lata syndrome/myofascial pain, possible iliopectineal bursitis, right greater trochanteric bursitis and S/P right shoulder surgery. 06/18/2014 progress note revealed that the patient had been treated by multiple physicians over a period of time, conservatively, until she was found to be a suitable surgical candidate. In May 2011, the patient had surgery on the right knee and subsequent physical therapy sessions. In 8/19/2013, she then underwent right hip surgery with 24 post-operative physical therapy sessions. In March 2014, she had surgery on her right shoulder and again with concomitant physical therapy sessions post-operative. At present, patient persistently complains of pain in the right shoulder, right thumb, lumbar spine, right hip, right Achilles tendon/ankle and bilateral knees. She denies any current medication intake. On physical examination, positive periscapular tenderness, bicipital groove tenderness, acromioclavicular joint tenderness and acromioclavicular grinding/crepitus on the right, and negative findings on the left. There was (+) right greater trochanteric tenderness. The hip/thigh range of motion causes pain on right external and internal rotation. Intact sensory and motor sensations were observed. Anterior to the right hip is the iliopectineal burse, which is inflamed as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myelogram Right Hip: 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), Low Back, Myelogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hip Chapter - Arthrography: Magnetic resonance images

Decision rationale: There was a prior adverse determination indicating that there was no specific rationale for this request. Review of the notes describes a prior hip arthroscopy with labral debridement. The Dr. describes in the treatment plan a request for pain management and work hardening. There is no specific recommendation request for this procedure, and the request for "myelogram" of the hip is not entirely clear. Nevertheless, for the reasons above, the request is not medically necessary.