

Case Number:	CM14-0132374		
Date Assigned:	09/19/2014	Date of Injury:	06/04/2008
Decision Date:	10/17/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	08/15/2014

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 83 year-old patient sustained an injury on 6/4/08 while employed by [REDACTED]. Request(s) under consideration include MRI Right Hip, Functional Capacity Evaluation, and Physical Therapy X6 (Right Hip). Diagnoses include DJD s/p fusion; rule out HNP; rotator cuff tear/ internal derangement; rule out radiculopathy. Report of 7/1/14 from the provider noted patient with chronic symptoms in the right hip and shoulder. Exam of the hip showed no tenderness, swelling of hip joints or greater trochanter with noted normal range of motion without pain on motion testing in bilateral hips. Request for MRI of right shoulder was certified. The request(s) for MRI Right Hip and Functional Capacity Evaluation were non-certified, and Physical Therapy X6 (Right Hip) was modified from 12 to 6 visits on 7/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI: 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 -MRI (Magnetic Resonance Imaging)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip, MRI (magnetic resonance imaging), page 254; Hip Chapter, Arthrography, pages 235-236

Decision rationale: Guidelines states that most hip problems improve quickly once any red-flag issues such as tumors, osteonecrosis, occult acute fracture are ruled out. For patients with significant hemarthrosis and a history of acute trauma, radiography is indicated to evaluate for fracture. Reliance only on imaging studies to evaluate the source of hip symptoms may carry a significant risk of diagnostic confusion (false-positive test results). Submitted reports have not adequately demonstrated remarkable symptoms, clinical findings, diagnoses, or identified acute flare-up, new injuries or progressive change to support for the imaging study. The MRI Right Hip is not medically necessary and appropriate.

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Functional Capacity Evaluations (FCES)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138

Decision rationale: Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work/ ADL capacity as behaviors and performances are influenced by multiple non-medical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation is not medically necessary and appropriate.

Physical Therapy: X6 (Right Hip): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99.

Decision rationale: Physical therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints and clinical findings. There is no evidence documenting functional baseline with

clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. It appears the patient has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Physical Therapy X6 (Right Hip) is not medically necessary and appropriate.