

Case Number:	CM14-0214057		
Date Assigned:	12/31/2014	Date of Injury:	02/10/2010
Decision Date:	02/28/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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: New York, New Hampshire, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 patient is a 58-year-old who sustained a date of injury on February 10, 2010. The patient has been treated with aquatic physical therapy. The patient walks using a quad cane. The patient had left total hip replacement. X-rays from November 2014 show the hip is in good position. The patient continues to have right hip pain. Physical examination reveals the patient use a walker and is able to flex the hip to 75. There is pain in the lateral aspect of the buttock region and thigh area. The patient is having postoperative pain and the possibility of infection is being addressed. The issue is whether workup for her pain measures are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

complete blood count (CBC): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pubmed/12710004>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation George-gay, understanding the complete blood count with differential. J Perianesth Nurs 2003, April 18 (2): 96-114

Decision rationale: A CBC with differential is not medically necessary at this time. The patient does not have a history of fevers. The patient has been referred back to orthopedic surgeon for evaluation. While the medical records to document followup with the orthopedic joint surgeon for consultation, treatment recommendation should be withheld until the orthopedic consultation is completed. The patient does not have clinical indicators for infection at this time. CBC is not medically needed. More clinical information as needed.

Sedimentation rate: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMH0003939/>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bridgen M. the risk for tight sedimentation rate. Still a helpful test when used judiciously. Postgraduate medicine, 1998 May 103 (5) pages 257-262

Decision rationale: A sedimentation rate with differential is not medically necessary at this time. The patient does not have a history of fevers. The patient has been referred back to orthopedic surgeon for evaluation. While the medical records to document followup with the orthopedic joint surgeon for consultation, treatment recommendation should be withheld until the orthopedic consultation is completed. The patient does not have clinical indicators for infection at this time. Sedimentation rate is not medically needed. More clinical information as needed.

SMA-20: 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 & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/Pubmedhealth/pmh0003939>

Decision rationale: SMA-20 testing is not medically necessary. The patient has hip pain after total hip surgery. There is no clinical indicators to support the need for SMA-20 testing. The patient has been referred back to a total hip specialist after total hip surgery. Medical necessity for SMA-20 testing has not been established.

Indium bone scan, 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, Hip & Pelvis

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG hip and pelvis chapter

Decision rationale: Indium scan for the hips is not medically necessary at this time. While the patient has pain after total hip surgery, the diagnoses of infection has not been established. The patient is referred back to an orthopedic total hip surgeon. Decision for indium scan should be referred to the total joint surgeon. Medical necessity for indium scan has not been established at this time. The medical records do not support the need for indium scan at this time.

Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain treatment guidelines Page(s): 64.

Decision rationale: MTUS guidelines do not recommend the use of muscle access for chronic pain. This patient has chronic knee pain. Guidelines do not support the use of muscle relaxants for chronic knee pain.