

Case Number:	CM14-0214798		
Date Assigned:	01/07/2015	Date of Injury:	11/03/2009
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 69 year old female with date of injury 11/3/09. The treating physician report dated 10/31/14 (24) indicates that the patient presents with pain affecting the right hip. The patient complains of anterior hip pain which radiates posteriorly, with some radiation down to the calf. The patient states that most of the pain is anterior hip pain that radiates into the knee. The physical examination findings reveal the patient ambulates with a Trendelenburg and antalgic limp. She has positive Stinchfield on the right with pain at the anterior hip. Range of motion of the hip is painful and the patient cannot lift her hip against resistance or even against gravity due to pain. The left hip is not painful and the right hip has a restricted range of motion. Prior treatment history includes injections, an arthroscopic capsular release and manipulation with debridement for a superior labral and subacromial decompression, and prescribed medications. Radiograph findings reveal osteoarthritic changes in the right hip. There is some cartilage remaining but the space is narrower. There are osteophytes on the femoral head and there is a clear difference compared to the opposite side. The current diagnoses are: 1. Osteoarthritis, right hip2. Degenerative disk disease with right lower extremity sciatica3. Status post arthroscopic capsular release and manipulation with debridement for a superior labral tear and subacromial decompression. The utilization review report dated 11/25/14 (13) denied the request for DOB stress test based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOB stress test: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Preoperative testing Low back chapter

Decision rationale: The patient presents with pain affecting the right hip with radiation into lower extremities. The current request is for DOB stress test. The treating physician report dated 10/31/14 (26) states, "She may have had a stress test at Kaiser, where she gets primary care, and it may have been last year. If she has not had a stress test done recently, she would need a new stress test for preoperative medical clearance in regard to her surgery. MTUS guidelines do not address the current request. The ODG guidelines states the following: "Preoperative testing (e.g., chest radiography, electrocardiography, laboratory testing, urinalysis) is often performed before surgical procedures. These investigations can be helpful to stratify risk, direct anesthetic choices, and guide postoperative management, but often are obtained because of protocol rather than medical necessity. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. Electrocardiography is recommended for patients undergoing high-risk surgery and those undergoing intermediate-risk surgery who have additional risk factors." The physician is requesting a DOB stress test prior to total right hip arthroplasty which is awaiting authorization. The physician notes that the patient might have had a stress test done before but is not sure if it was performed recently. Reports provided do not show that the patient has signs or symptoms of active cardiovascular disease which would prompt appropriate testing regardless of her preoperative status. Preoperative testing is often performed before a surgical procedure. In this case, the patient has not yet been authorized for total right hip arthroplasty and therefore a DOB stress test would not be medically necessary at this time. Furthermore, the patient may have recently had a stress test performed. Recommendation is for denial.