

Case Number:	CM15-0111174		
Date Assigned:	06/18/2015	Date of Injury:	01/01/2015
Decision Date:	07/16/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 63 year old male sustained an industrial injury to the right hip on 1/1/15. The injured worker was diagnosed with a right hip intertrochanteric fracture. The injured worker underwent open reduction internal fixation on 1/2/15. The injured worker received postoperative physical therapy, acupuncture and medications. In a PR-2 dated 4/1/15, the injured worker complained of continuing pain and soreness to the right hip as well as pain to the low back and knee. The injured worker reported having difficulty completing activities of daily living and preparing meals. The physician noted that the injured worker was emotionally labile with tearfulness. Physical exam was remarkable for tenderness to palpation of the lumbar spine paraspinal musculature, right hip and knee with decreased range of motion. Current diagnoses included right intertrochanteric femur fracture status post intramedullary hip screw, depression and lumbar spine sprain/strain. An anatomical impairment measurements assessment dated 4/7/15 determined that significant loss of cartilage interval was not present to qualify for an impairment percentage based on the American Medical Association guidelines. The treatment plan included a psychiatry evaluation, continuing physical therapy twice a week for six weeks and a home health aide to assist with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Anatomical impairment measurements (DOS: 4/7/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis- X-Ray.

Decision rationale: Retro: Anatomical impairment measurements (DOS: 4/7/2015) is not medically necessary per the ODG and the MTUS Guidelines. The MTUS and the ODG do not specifically address anatomical impairment measurements. The MTUS states that whether the treatment is provided by an individual provider, a multidisciplinary group of providers, or tightly integrated interdisciplinary pain program, it is important to design a treatment plan that explains the purpose of each component of the treatment. The ODG states that plain radiographs (X-Rays) of the pelvis should routinely be obtained in patients sustaining a severe injury. X-Rays are also valuable for identifying patients with a high risk of the development of hip osteoarthritis. Standard radiographic hip imaging includes antero-posterior (AP) pelvic projection with dedicated AP and cross-table lateral projections of the affected hip. The documentation does not indicate extenuating circumstances or rationale which would necessitate anatomical impairment measurements over standard imaging studies for this patient. Additionally, the patient is still undergoing physical therapy and it is unclear why the patient would require these measurements prior to completion of therapy.