

Case Number:	CM15-0115097		
Date Assigned:	07/22/2015	Date of Injury:	11/19/2012
Decision Date:	08/25/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/15/2015

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: California
 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 injured worker is a 50-year-old male who sustained an industrial injury on 11/19/2012 resulting in right hip and leg pain and swelling. He was diagnosed with right subtrochanteric femur fracture, radicular weakness, and post-traumatic arthritis and bursitis. Documented treatment has included nail dynamization surgery, hardware replacement, and then subsequent removal due to persistent hardware pain; physical therapy; ice; lidocaine injections with temporary pain reduction; steroid injection of the right greater trochanter; and, medication. The injured worker continues to present with right lower extremity swelling, right hip and leg pain affecting sleep and activities of daily living. The treating physician's plan of care includes electromyography and nerve conduction velocity studies of the right lower extremity; and, Flector patches 1.3 percent. Report of 7/6/2015 states he is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG/NCV of the right lower extremity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic), EMGs.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter under Nerve conduction studies Low Back chapter under EMGs.

Decision rationale: The patient presents on 07/06/15 with unrated right hip pain. The patient's date of injury is 11/19/12. Patient is status post internal fixation of a proximal femoral femur fracture on 11/19/12 with subsequent hardware removal, status post lumbar ESI at unspecified levels in December 2014, and status post steroid injection to the greater trochanter of the right femur on 06/29/15. The request is for EMG/NCV OF THE RIGHT LOWER EXTREMITY. The RFA was not provided. Physical examination dated 07/06/15 reveals tenderness to palpation at the tip of the greater trochanter of the right femur (posterior more than anterior), pain elicitation upon leaning to the left, minimal limitation in range of motion, and no obvious sensory or motor deficits. The patient is currently prescribed Celebrex, Ibuprofen, Norco, Motrin, and Ultram. Progress note 07/06/15 includes discussion of recent hip MRI as showing: "possible trochanteric bursitis versus gluteal tendinitis or tendon tear right hip." Patient is currently retired. For EMG/NCV of the lower extremities, the ACOEM Guidelines page 303 states: Electromyography, including H-reflex test, may be useful to identify subtle, focal neurological dysfunction in patients with low back pain symptoms lasting more than 3 or 4 weeks. ODG, Low Back chapter under Nerve conduction studies NCS states, "Not recommended. There is minimal justification for performing nerve conduction studies when a patient is presumed to have symptoms on the basis of radiculopathy." ODG for Electrodiagnostic studies states, "NCS which are not recommended for low back conditions, and EMGs which are recommended as an option for low back." ODG Low Back chapter under EMGs electromyography, ODG states, "Recommended as an option needle, not surface. EMGs may be useful to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious." In regard to the request for an EMG/NCV study of the right lower extremity, the treater has not provided a reason for the request. Most recent progress note, dated 07/06/15 does not include discussion or examination findings suggestive of neurological compromise in the right lower extremity. This patient presents with chronic hip pain following femur fracture and multiple corrective surgeries. In the 07/06/15 progress note, the provider specifically states that the patient displays no obvious sensory or motor deficits in the right lower extremity. Without examination findings suggestive of neurological compromise for with EMG/NCV studies are considered an appropriate diagnostic tool, the request cannot be substantiated. The request IS NOT medically necessary.

Flector patches 1.3% #30: 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), Pain (Chronic), Flector patch (diclofenac epolamine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The patient presents on 07/06/15 with unrated right hip pain. The patient's date of injury is 11/19/12. Patient is status post internal fixation of a proximal femoral femur fracture on 11/19/12 with subsequent hardware removal, status post lumbar ESI at unspecified levels in December 2014, and status post steroid injection to the greater trochanter of the right femur on 06/29/15. The request is for FLECTOR PATCHES 1.3% #30. The RFA was not provided. Physical examination dated 07/06/15 reveals tenderness to palpation at the tip of the greater trochanter of the right femur (posterior more than anterior), pain elicitation upon leaning to the left, minimal limitation in range of motion, and no obvious sensory or motor deficits. The patient is currently prescribed Celebrex, Ibuprofen, Norco, Motrin, and Ultram. Progress note 07/06/15 includes discussion of recent hip MRI as showing: "possible trochanteric bursitis versus gluteal tendinitis or tendon tear right hip." Patient is currently retired. The Flector patch is Diclofenac in a topical patch. MTUS guidelines for topical NSAIDs apply. MTUS, pg 111-113, Topical Analgesics section under Non-steroidal anti-inflammatory agents NSAIDs states: "The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration." The guideline states short-term use is 4-12 weeks. These are not recommended for neuropathic pain and "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." In regard to the Flector patches for this patient's chronic hip pain, guidelines do not support topical NSAID medications for this patient's chief complaint. MTUS guidelines indicate that topical NSAID medications are considered appropriate for peripheral joint complaints, and specifically states that there is little evidence to utilize topical NSAIDs for osteoarthritis of the spine, hip, or shoulder. This patient presents with right hip pain secondary to complex femur fracture, not a peripheral joint complaint amenable to topical NSAIDs. Without discussion of a peripheral joint complaint or other condition for which Flector patches are considered appropriate, the request cannot be substantiated. Therefore, the request IS NOT medically necessary.