

Case Number:	CM15-0141873		
Date Assigned:	08/05/2015	Date of Injury:	06/20/2013
Decision Date:	10/07/2015	UR Denial Date:	07/04/2015
Priority:	Standard	Application Received:	07/21/2015

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: 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 injured worker is a 54 year old female who sustained an industrial injury on 06-20-2013. Mechanism of injury and results were not mentioned. Treatment provided to date has included: physical therapy; left L4-5 micro-decompression 2014 with noted improvement; epidural steroid injections resulting in temporary relief; trigger point injections; medications; and conservative therapies and care. Diagnostic tests performed include MRI of the left hip (2015) showing a subtle anterior superior labral tear. There were no noted comorbidities or other dates of injury noted. On 06/25/2015, physician progress report noted complaints of low back pain and left hip pain without changes. This report stated that the injured worker reports pain of 10 out of 10 in severity and constant, but also intermittent. However, a follow-up report with the pain management specialist dated 06/26/2015 reported that the pain was rated 3-4 out of 10 in severity, and was reported to be worse at night while lying down. A previous progress report (dated 12-29-2014) stated that the injured worker had suffered a fall while out hiking. The left micro-decompression surgery had been completed 6 weeks earlier. Current medications include Anaprox, Prilosec, and tramadol. The physical exam revealed pain over the left buttock and slight pain over the lateral left hip; Patrick and Faber test caused pain in the right sacroiliac joint; sitting up from the supine position resulted in pain to the left hip area without pain in the lower abdomen area; and increased pain with extension of the left knee and flexion of the left hip. The provider noted diagnoses of lumbar strain and sprain, hip and thigh strain and sprain, contusion of the hip, and sciatica. The treating physician noted that the complaints and findings are confusing. It was also noted that the injured worker is speech impaired and that there appears to

be some difficulty with communication. Plan of care includes diagnostic and possible therapeutic injection of the left hip. The injured worker's work status was noted as may return to work with restrictions. The request for authorization and IMR (independent medical review) includes: one left hip injection with contrast and medication under general anesthesia and with fluoroscopy, medical clearance, comprehensive metabolic panel (CMP) and complete blood count (CBC), urine analysis (UA), Protime (PT) and Partial Thromboplastin Time (PTT), thyroid stimulating hormone test, Tylenol No. 3 #60, 12 sessions of post-op physical therapy, and one pair of crutches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left hip injection with contrast and medication under general anesthesia and with fluoroscopy - one injection: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and Pelvis, Intra-articular steroid hip injection.

Decision rationale: MTUS does not address the issue. ODG identifies documentation of moderately advanced or severe hip osteoarthritis or as short term pain relief in hip trochanteric bursitis, as criteria necessary to support the medical necessity of intra-articular steroid hip injection. In addition, ODG additionally identifies that injection should be used in conjunction with fluoroscopic guidance. In this case the exam note does not demonstrated moderate advanced or severe hip arthritis to warrant the intra-articular injection. Therefore the request is not medically necessary.

Medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Labs - CBC and CMP: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Labs - UA: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Labs - PT/PTT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Labs - TSH: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Tylenol No. 3 #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Post-op physical therapy - 12 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.

Crutches - one pair: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate. This review presumes that a surgery is planned and will proceed. There is no medical necessity for this request if the surgery does not occur.