

Case Number:	CM15-0177838		
Date Assigned:	09/18/2015	Date of Injury:	04/19/2014
Decision Date:	10/21/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/09/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 33 year old male who sustained an industrial injury on 4-19-14. According to the medical records he was diagnosed with left subtrochanteric The injured worker is a 33 year old male who sustained an industrial injury on 4-19-14. According to the medical records he was diagnosed with left subtrochanteric femur fracture which later caused a deep vein thrombosis. Treatments include: medication and physical therapy. Progress report dated 7-31- 15 reports continued complaints of left leg pain. Medications include: Norco, fentanyl and aspirin. Objective findings: vascular peripheral pulses are normal. He walks with an antalgic gait with a cane and his hip grinds when he walks. Assessment: long term use of anticoagulants, pulmonary embolism and infarction, closed fracture of subtrochanteric section of the femur, history of deep vein thrombosis, hip pain and chronic pain syndrome. Plan of care includes: refer to cardiology that specializes in veins, left femur for bone pain, request bone scan to femoral head viability, may need MRI, new orthopedic consult, continue physical therapy 3 times per week for 4 weeks. Work status: totally temporarily disabled. Follow up in 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bone Scan: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Hip & Pelvis (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip/bone scan.

Decision rationale: The patient is a 33 year old male with an injury on 04/19/2014. He had a left subtrochanteric femoral fracture and had an intramedualry nail placed. Subsequently he had a DVT and pulmonary embolism and was treated with anticoagulation. He had at least 20 physical therapy visits. He continues to have left hip pain and grinding despite treatment with Norco and Fentanyl. The requested bone scan is not covered in the ACOEM guidelines and in ODG the requested bone scan would only be necessary if the patient had a normal x-ray (the x-ray is not normal as the patient had surgery) and a MR was not medically necessary. The provider is concerned about possible bone necrosis but as noted in previous reviews a MR (with arthrogram) is the test of choice and is available.